
AP Research Academic Paper

Sample Student Responses and Scoring Commentary

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Sample H

- Scoring Guideline**
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2018 AP Research Academic Paper Rubric v1.0

The response...

<p>Score of 1 Report on Existing Knowledge</p>	<p>Score of 2 Report on Existing Knowledge with Simplistic Use of a Research Method</p>	<p>Score of 3 Ineffectual Argument for a New Understanding</p>	<p>Score of 4 Well-Supported, Articulate Argument Conveying a New Understanding</p>	<p>Score of 5 Rich Analysis of a New Understanding Addressing a Gap in the Research Base</p>
<ul style="list-style-type: none"> • Presents an overly broad topic of inquiry. • Situates a topic of inquiry within a single perspective derived from scholarly works OR through a variety of perspectives derived from mostly non-scholarly works. • Describes a search and report process. • Summarizes or reports existing knowledge in the field of understanding pertaining to the topic of inquiry. • Generally communicates the student’s ideas, although errors in grammar, discipline-specific style, and organization distract or confuse the reader. • Cites AND/OR attributes sources (in bibliography/works cited and/or in-text), with multiple errors and/or an inconsistent use of a discipline-specific style. 	<ul style="list-style-type: none"> • Presents a topic of inquiry with narrowing scope or focus, that is NOT carried through either in the method or in the overall line of reasoning. • Situates a topic of inquiry within a single perspective derived from scholarly works OR through a variety of perspectives derived from mostly non-scholarly works. • Describes a nonreplicable research method OR provides an oversimplified description of a method, with questionable alignment to the purpose of the inquiry. • Summarizes or reports existing knowledge in the field of understanding pertaining to the topic of inquiry. • Generally communicates the student’s ideas, although errors in grammar, discipline-specific style, and organization distract or confuse the reader. • Cites AND/OR attributes sources (in bibliography/works cited and/or in-text), with multiple errors and/or an inconsistent use of a discipline-specific style. 	<ul style="list-style-type: none"> • Carries the focus or scope of a topic of inquiry through the method AND overall line of reasoning, even though the focus or scope might still be narrowing. • Situates a topic of inquiry within relevant scholarly works of varying perspectives, although connections to some works may be unclear. • Describes a reasonably replicable research method, with questionable alignment to the purpose of the inquiry. • Conveys a new understanding or conclusion, with an underdeveloped line of reasoning OR insufficient evidence. • Competently communicates the student’s ideas, although there may be some errors in grammar, discipline-specific style, and organization. • Cites AND attributes sources, using a discipline-specific style (in both bibliography/works cited AND in-text), with few errors or inconsistencies. 	<ul style="list-style-type: none"> • Focuses a topic of inquiry with clear and narrow parameters, which are addressed through the method and the conclusion. • Explicitly connects a topic of inquiry to relevant scholarly works of varying perspectives AND logically explains how the topic of inquiry addresses a gap. • Logically defends the alignment of a detailed, replicable research method to the purpose of the inquiry. • Supports a new understanding or conclusion through a logically organized line of reasoning AND sufficient evidence. The limitations and/or implications, if present, of the new understanding or conclusion are oversimplified. • Competently communicates the student’s ideas, although there may be some errors in grammar, discipline-specific style, and organization. • Cites AND attributes sources, with a consistent use of an appropriate discipline-specific style (in both bibliography/works cited AND in-text), with few to no errors. 	<ul style="list-style-type: none"> • Focuses a topic of inquiry with clear and narrow parameters, which are addressed through the method and the conclusion. • Explicitly connects a topic of inquiry to relevant scholarly works of varying perspectives AND logically explains how the topic of inquiry addresses a gap. • Logically defends the alignment of a detailed, replicable research method to the purpose of the inquiry. • Justifies a new understanding or conclusion through a logical progression of inquiry choices, sufficient evidence, explanation of the limitations of the conclusion, and an explanation of the implications to the community of practice. • Enhances the communication of the student’s ideas through organization, use of design elements, conventions of grammar, style, mechanics, and word precision, with few to no errors. • Cites AND attributes sources, with a consistent use of an appropriate discipline-specific style (in both bibliography/works cited AND in-text), with few to no errors.

AP[®] RESEARCH 2018 SCORING COMMENTARY

Academic Paper

Overview

This performance task was intended to assess students' ability to conduct scholarly and responsible research and articulate an evidence-based argument that clearly communicates the conclusion, solution, or answer to their stated research question. More specifically, this performance task was intended to assess students' ability to:

- Generate a focused research question that is situated within or connected to a larger scholarly context or community;
- Explore relationships between and among multiple works representing multiple perspectives within the scholarly literature related to the topic of inquiry;
- Articulate what approach, method, or process they have chosen to use to address their research question, why they have chosen that approach to answering their question, and how they employed it;
- Develop and present their own argument, conclusion, or new understanding while acknowledging its limitations and discussing implications;
- Support their conclusion through the compilation, use, and synthesis of relevant and significant evidence generated by their research;
- Use organizational and design elements to effectively convey the paper's message;
- Consistently and accurately cite, attribute, and integrate the knowledge and work of others, while distinguishing between the student's voice and that of others;
- Generate a paper in which word choice and syntax enhance communication by adhering to established conventions of grammar, usage, and mechanics.

Word Count: 3733

From herbal blends and magic mushrooms to vaccines and penicillin, medicine has served as a powerful survival tool since the beginning of human history. As time has passed more and more pharmaceuticals have been created, and with this increase in both supply and demand, the drug business today is incredibly lucrative. In fact, according to the BBC in 2014, the pharmaceutical industry has some of the highest profit margins in the world. In 2013, pharmaceutical giant Pfizer, the world's largest drug company by pharmaceutical revenue, turned in an astounding 42% profit margin. Global Data reports that this left Pfizer with 22 billion dollars made. Clearly, Big Pharma has a lot of spending power, and that power often manifests itself in the form of corporate lobbying. The Center For Responsive Politics found that from 1998 to 2012, pharmaceutical companies have outspent every other industry by at least 3.5 billion dollars when it comes to lobbying. While one may find it hard to justify spending billions on anything, it makes a lot of sense in Big Pharma's case. It is true that drug companies are currently extremely profitable, but the reason they have continued to be profitable even when facing thousands of lawsuits for millions of dollars each year is because of the money these companies invest in the government. The precedent in the United States has been to allow these companies to grow without much scrutiny, and this hands off approach can definitely be attributed, at least in part, to the Pharma money lining the pockets of American congressmen and women. Pharmaceutical legislation in the United States favors the corporations. This is problematic in an industry that supposed purpose is to create products and act in a way that benefits the average American. A pharmaceutical company's bottom line has become, in many cases, more

important than the health and well-being of their consumers. To keep themselves from having to change, these corporations continue to pour money into the government. I wanted to study this practice of corporate spending to influence an organization's policy-writing because I believe that the more people understand how influential pharmaceutical companies are, the less these companies will be able to extend their powers.. I knew that my research would have to be focused and original, so I chose an organization that has drug use policies but is significantly smaller than the U.S. Government: The NFL. This billion dollar business has thousands of employees, and a pseudo-governmental structure with its team owners and league commissioner, making it the perfect system to use to observe the impact of corporate lobbying.

Research Question:

How has lobbying done by the pharmaceutical industry influenced the NFL's policies regarding player use of marijuana from 2000 to the present? This research question addresses the incredible gap in information that currently exists between the motivations behind hyper-strict cannabis policies in professional football and its causes. By looking first at the lobbying practices of the pharmaceutical industry and then moving on to investigating ties to the NFL, clear links began to establish themselves.

Definitions:

- **Big Pharma:** Pharmaceutical companies collectively as a sector of industry.
- **Influence:** The capacity to have an effect on the character, development, or behavior of someone or something, or the effect itself.
- **Lobbying:** To seek influence on an issue.

Literature Review:

To begin to contextualize this question, it is important to understand how scholars have characterized drug companies. In a piece by William Aldis' that was published to the *British Medical Journal* entitled "Big Pharma's Long Tentacles", the relationship between doctors and pharmaceutical companies is highlighted. Specifically, the money some doctors receive from them. When reviewing a recently published article on medicine, Aldin writes: "Readers will be impressed with the statements of Dr James A Reiffel in favour of brand name products. After all, we are told that he is a "cardiologist and professor of clinical medicine at Columbia." But don't we also deserve to know that Dr Reiffel is also a paid consultant for GlaxoSmithKline, the manufacturer of two drugs (bupropion/Wellbutrin and lamotrigine/ Lamictal) discussed favourably in the article?" While this fact is alarming, it should not be surprising. In the aforementioned Global Data report, it was found that pharmaceutical companies almost always spend more on advertising than the actual production of a drug. Part of these costs are a consequence of corporate lobbying. Lobbying is defined by the Business Dictionary as "The act of attempting to influence business and government leaders to create legislation or conduct an activity that will help a particular organization", and Big Pharma does a lot of it. This lobbying has allowed them to have an incredible amount of control over legislation dealing with their products. In fact, the Washington Post reported in 2016 that "Drug makers have been getting their \$2.3 billion worth in Washington. That is how much they have spent lobbying Congress over the last decade. It may help explain why no legislative proposal to rein in rising prescription

prices has gone anywhere.” Terrence Gabel and Scott Clifford affirm this idea in a published into the *Journal of Public Policy & Marketing*. They argue that lobbying allows interest groups to compete for influence over public policy, allowing them to impact marketplace law in a very noticeable way. A paper published in *Legislative Studies Quarterly* even went as far to say that its study “...finds a direct association between lobbying activities and bill outcomes,”(Grasse & Heidbreder, 2011) . One identifiable way corporate lobbying done by Big Pharma has been paying dividends is with the continued federal prohibition of Marijuana.

Marijuana is no new phenomenon in the medical industry, according to complex news human first began cultivating cannabis some 10,000 years ago. However, its usage in the US came to abrupt stop in the 1930’s. During this time many Mexicans began immigrating into the United States, bringing with them the medicinal herb they called “marihuana”. While this was no different than cannabis already existing in the states, the overarching anti-mexican movement led to the passage of the Marijuana Tax Act of 1937 which effectively banned its use and sales (Burnett 2014). As years passed, more and more people began protesting to remove the prohibition of medical marijuana and today, Eighty-three percent of Americans surveyed recently said that doctors should be able to prescribe marijuana to patients (Washington Times 2017). So why don’t we have legalized medical marijuana? Well, we have already established that the pharmaceutical industry influences the government. It also has a strong inclination towards increasing profit over benefiting their consumers, and in a 2016 study conducted by The University of Georgia found that in states where medical

marijuana was legal, Medicare prescriptions decreased significantly. The total cost to Big Pharma if medical marijuana was legalized across the entire United States would be somewhere around 4 billion dollars per year. It would be hard to say that the link between medical marijuana's perpetual stall and the pharmaceutical industry's self interest is only coincidental.

Method: Hypothesis

Based off of what I learned while writing the literature review, I believe that corporate lobbying done by the pharmaceutical industry directly impacts the NFL's policy regarding player use of Marijuana in a way prohibiting Marijuana usage. When considering the amount of money made through painkiller prescriptions, and the amount of money that would be lost because of unprohibited marijuana consumption, the conclusion that drug companies would try and restrict how weed can be used seems rather intuitive.

Method: Research Design

I chose to use a hybrid method of research, compiling and analyzing both quantitative and qualitative sets of data. The first part of my research specifically focused on establishing why and how pharmaceutical companies influence the NFL. I accomplished this by compiling, analyzing and synthesizing information about business holdings of Big Pharma, NFL officials, team owners, and the overlap between the two. While I originally planned to also include a survey of Atlanta Falcons players in my method, but when evaluating the credibility, relevance, and feasibility of the venture, I

decided it was not necessary. It is naive to believe that these players would respond to a survey from a 17 year old about their relationship with pot and prescription medication, especially when considering the fact that NFL has proven it is more than willing to suspend players for any sort of marijuana usage. After examining the relationship between Big Pharma and pro football, I used online resources to understand existing NFL marijuana usage policies. Then, I compared those policies to the ones existing in other major pro sports leagues as well as the overall opinion of Americans on medical and recreational pot use. Finally, I attempted to identify any other possible determining factors when it came to Marijuana policy choices in the NFL.

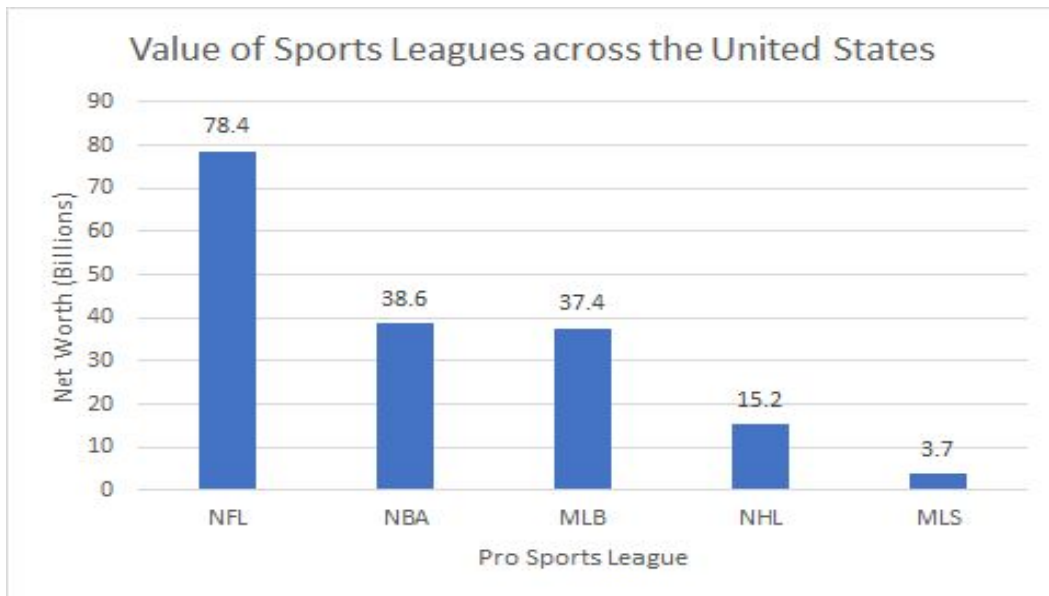
Findings & Analysis

The first step in my research method is examining why pharmaceutical companies would want any influence over the NFL in the first place. After a lot of reading, I decided upon three different factors that could determine a pharmaceutical company's level of investment/influence interest in a pro sports league. These three factors are **League Value, League Injury Rate, & League Size**.

League Value:

The first factor I examined was league value. Professional sports leagues are incredible at making money can rival even pharmaceutical companies in net worth. Because of this, it would make sense that a business would want to have some sort of

stake in their internal operations.

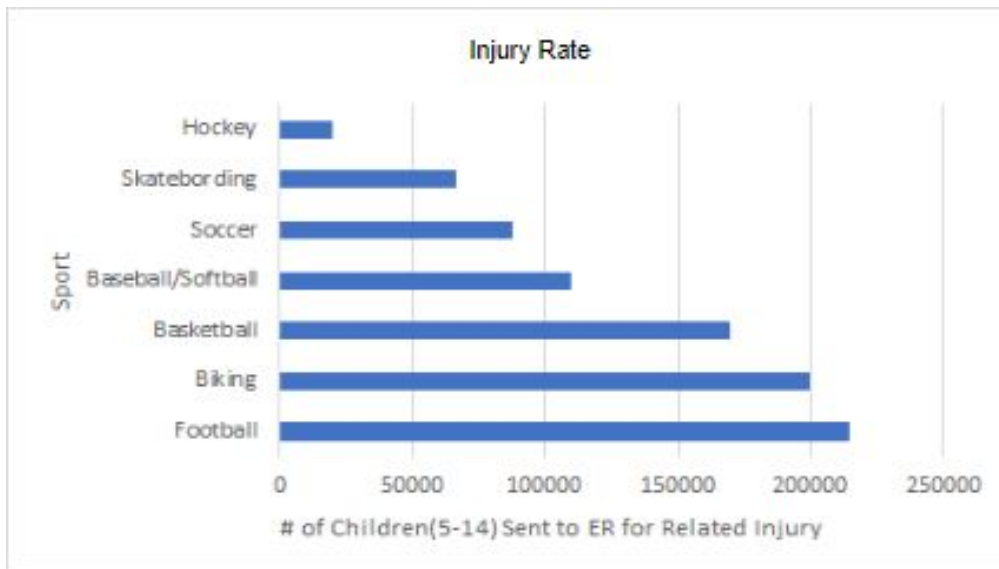


I found that the NFL is by far the most valuable of the 5 largest pro sports leagues in the U.S., with a net worth of 78.4 billion dollars. That's more than both the NBA and MLB combined. Its value makes it one of the largest platforms for advertising in the world. Business Insider reported in February of 2018 that NBC charged 5 million dollars for just 30 seconds of advertising time during the super bowl. The incentive of having pull over a near-80 billion dollar industry is one that Big Pharma does not want to pass up.

League Injury Rate:

The next factor in my analysis was a league's rate of injury. I deemed this important because the pharmaceutical industry makes an incredible amount of money off of injury treatment each year through painkiller prescription. A sport with a higher injury rate would be a sport where there was more opportunity to prescribe pain medication to a player. The chart shows the relationship between serious injury and

type of physical activity.

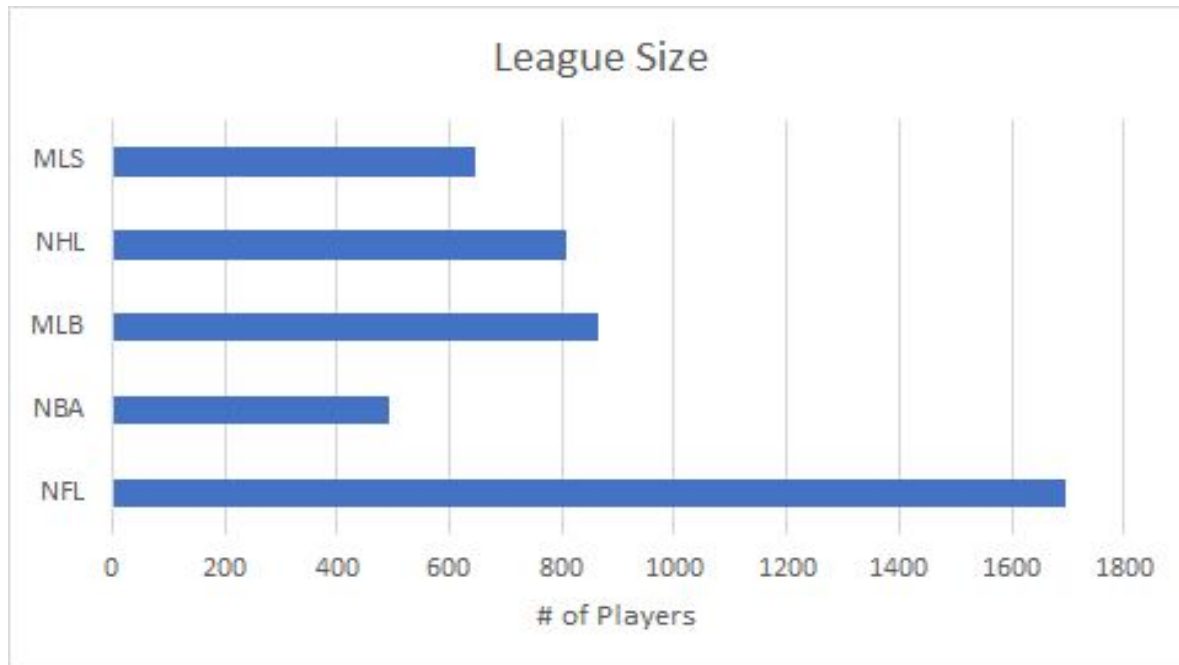


Out of every sport/physical activity children ages 5 through 14 participate in, football is the one that sends the most children (more than 200,000 every year) to the emergency room. Football is an extremely physical sport, and the wear and tear of a professional season often forces players into the use of pain medication, prescribed or not. Once again we find reason that pharmaceutical companies would want to influence NFL higher-ups to accommodate their products.

League Size:

The final factor is the actual player population of a league. In any sport there are bound to be injuries, and while the football has the highest *rate* of injury, the total amount of players in a league is just as important. More players means more potential customers for Big Pharma. Below is chart plotting the number of players in each of the 5

major American pro sports leagues:



Once again, the NFL earns the highest mark with 1,696 players.

So, the NFL is not only the most valuable sports league in America, but the one that results in the most injuries and has the most players. An investment by any pharmaceutical company makes perfect sense.

Now that a “why” had been established for pharmaceutical investment in the NFL, a “how” had to be discovered as well. This is where the aforementioned spending power of the pharmaceutical industry comes into play. The non-profit Propublica created a database in 2016, containing records of payments made by pharmaceutical and medical equipment companies to doctors and hospitals that totalled 6.25 billion dollars. This is important, because this money is going directly into the pockets of doctors who in turn either promote a company’s pharmaceutical or prescribe it more often. If you’re wondering how this relates to the NFL, the first link in the Big Pharma-Pro Football

chain comes from a CNBC article published in 2010, which reported that around 75% of NFL teams have sponsorship deals with medical organizations. As explained in the article, the sponsorships are when "...a medical organization provides the team doctors often for free and also pays for a marketing arrangement which advertises the deal to fans". Doctors are already being paid by pharmaceutical companies to peddle their products, so if one of these companies was trying to find a hospital or doctor to influence, one that has a sponsorship with the NFL would become a prime target. In fact, Spero Karas, the head team doctor for Atlanta Falcons, was treated to a 107 dollar meal in 2015 so that Zimmer Biomet. Holdings could attempt to make a promotional pitch to him. Digging through the Propublica database uncovered the practically every head NFL team doctor has been offered some sort of compensation in exchange for meetings with pharmaceutical companies. It should be mentioned that this practice is completely legal, if somewhat unsavory in nature. However, Big Pharma's attempt at influence within the NFL is not restricted to what is legal. VICE Sports reported in 2014 on RSF Pharmaceuticals, A California-based drug manufacturer that was shut down after it was discovered that it had been supplying painkillers like Toradol and Vicodin to NFL team doctors without prescriptions. The California Board of Pharmacy report states:

"[RSF] filled prescriptions for at least eighty-one (81) different physicians in 27 different states where the physician listed himself or herself as the patient in the prescription".

Pharmaceutical companies are willing to run the risk tied to breaking federal law just to continue to make money off the incredible amount of painkillers consumed by the NFL.

Marijuana Policy

The next major step in my research process was to actually determine the impact this spending has had on Marijuana Usage Policy in the NFL. I decided that the best way to examine this was to compare the existing policy in the NFL to other pro sport leagues.

NFL: NFL players are subject to multiple random prohibited substances tests during the season along with 1 random offseason test. These tests have a THC threshold of 35ng/ml. After one violation, players must enter an intervention program. Penalties increase with more violations: from a two-game suspension to a 10-game ban for a fifth infraction. Fines accompany almost all of these suspensions.

NBA: The NBA administers 4 random drug screens during the season, but the league doesn't test for marijuana in the offseason. It has a low THC threshold of 15 ng/ml, and players must complete a substance-abuse program after their first infraction. Violators face a \$25,000 fine for a second positive test. The third violation leads to a five-game ban. Five more games are added on for each positive test thereafter.

MLB: The MLB sports one of the most lenient THC thresholds of 50 ng/ml. Furthermore, the league will test players only if MLB or union officials have reasonable cause. Players who don't comply with a treatment plan are subject to progressive fines up to \$35,000 for one violation. Suspension for testing positive to Marijuana use is very rare.

NHL: Pro Hockey might be the most stoner-friendly league in the United States. Marijuana is not on the list of banned substances. Players undergo limited testing for

drugs of abuse to monitor their use. Players must enter the league's substance abuse program after multiple failed tests, but the program is not punitive.

MLS: While the league doesn't publicly list its threshold limits for positive tests, an MLS official said the THC threshold sits at an incredibly high 150 ng/ml. MLS conducts unannounced testing for all prohibited substances, but the league doesn't have a set number of tests per year for any player.

Takeaway

While four out of the five major professional sports leagues classify Marijuana as a prohibited substance, two stand out for being the most strict when it comes to weed: The NFL and the NBA. I concluded that the NFL edged out the NBA in severity of punishment because of the structure of its punitive scale. A 10 game suspension during a 16 game season is much more costly to a player than 5 games over an 82 game season.

Through my 3 factor analysis, the NFL emerged as the professional sports league that offered the most incentive for a pharmaceutical industry to attempt to gain influence over its drug policy. Then, I presented several pieces of evidence connecting pharmaceutical spending to officials and employees of the National Football League. Finally, I determined that the NFL has the most severe punishments in place for players who do not follow their restrictions guarding Marijuana. In summary, the NFL is the league that is most attractive to Big Pharma, has documented examples of Big Pharma's attempts to influence its officials and legislation, and is the most prohibitory league in relation to Marijuana. There is, at the least, a positive correlation between the

amount of money directly or indirectly invested into an organization and the strictness of that organization's Marijuana legislation.

It is important to note, however, that there are other factors that could also have an effect on why the NFL has certain policies.

Possible Determining Factor: Age

When comparing how the NFL deals with Marijuana to the general American opinion of weed, it seems as if the league is operating against the current majority. The Pew Research Center reported in January of 2019 that 70% of millennials (people born between 1981-1997) say Marijuana should be made legal. While nearly all of NFL players fall in this age bracket, not a single team owner does. The average age of an owner is a seasoned 68, putting all but one owner in the Boomer and Silent generations. The Pew Research Center found that these two groups had the lowest approval rating for weed, averaging out at 45.5%. This could potentially contribute to why Marijuana policy is so strict across the league.

Analysis and Implications

My hypothesis is supported by my findings. After examining the data I have gathered, I have concluded that through corporate lobbying, medical sponsorships between teams and doctors, illegal painkiller distribution, and the incredible amount of money spent by the pharmaceutical industry every year in attempts to get doctors to promote their products that the NFL's Marijuana policy has been influenced in some way. While this synthesis of information cannot prove causation, it can outline the

correlatory nature of pro football's strong link to Big Pharma and the tight regulations surrounding player pot usage.

This conclusion, however, has little meaning if not thought of in its broader context. By continuing to force addictive painkillers on NFL players, league officials are sending out a very clear message: Player health and safety is secondary to the continued prohibition of Marijuana. Take the story of hall of fame quarterback Brett Favre. CBS Sports sat down with Favre in 2016, and he opened up about his addiction to Vicodin that developed during his career. Favre even admitted to taking a month's worth of Vicodin pills in just two days. All of this was happening under the "watchful eyes" of team officials and doctors, but the medical staff did nothing to help an obviously addicted Favre. Instead, Favre had to kick his addiction himself. While Favre was able to recover, other players are not as lucky, and hundreds of young men are knowingly mistreated by team doctors to keep their players ready for Sunday. In March of 2017 The Washington Post reported on this abuse, writing that "National Football League teams violated federal laws governing prescription drugs, disregarded guidance from the Drug Enforcement Administration on how to store, track, transport and distribute controlled substances, and plied their players with powerful painkillers and anti-inflammatories each season, according to sealed court documents contained in a federal lawsuit filed by former players". Painkillers are highly addictive, and many players are lobbying for the use of weed as a natural alternative to deal with the physical pain that accompanies a career in professional football. In another Washington Post article published in April of this year, Pro Bowl Tight End and potential

hall-of-famer Martellus Bennett was asked about player use of Marijuana, and responded: "...it's like, there's times of the year where your body just hurts so bad, that you don't want to just be popping pills all the time. ... It ruins your liver. There's a lot of these anti-inflammatories that you take for so long that, like, it starts to eat at your liver or kidneys and things like that. And a human made that. God made weed."

Under the status quo, painkillers are dispensed like candy while Marijuana is labelled an illicit substance. My research has laid out how, why, and in what ways the pharmaceutical industry has influenced the NFL. The burden of what to do with this knowledge lies in the hands of pro football executives and team owners, who will have to decide whether the benefits of business with Big Pharma outweigh the costs.

Limitations

I did face some limitations when compiling research and data to answer my question. First, I had a hard time finding an expert authority on my topic who would be willing to communicate with me. Because of an ongoing standoff between former and current NFL players and league officials, attempting to contact somebody working inside the NFL with close proximity to this issue did not prove successful. Another limitation I faced in my research process was being able to prove anything more than association between the Marijuana policy of the NFL and the pharmaceutical industry. This was problematic because it made it difficult to definitively show *how* Big Pharma influences the NFL. Finally, not having access to the exact amount of money being distributed between the NFL and pharmaceutical companies meant I could not add another level of

depth to my research. If I was able to acquire that data, I could then compare it to the total cash flow between Big Pharma and other pro sports leagues.

Works Cited

- Hill, Matthew D., et al. "Determinants and Effects of Corporate Lobbying." *Financial Management*, vol. 42, no. 4, 2013, pp. 931–957. *JSTOR*, www.jstor.org/stable/43280520.
- Aldis, William L. "Big Pharma's Long Tentacles." *BMJ: British Medical Journal*, vol. 340, no. 7743, 2010, pp. 381–382. *JSTOR*, www.jstor.org/stable/25674047.
- Dobbs, David. "Big Pharma on Trial." *Scientific American Mind*, vol. 16, no. 1, 2005, pp. 9–9., www.jstor.org/stable/24997588.
- Gabel, Terrance G., and Clifford D. Scott. "Toward a Public Policy and Marketing Understanding of Lobbying and Its Role in the Development of Public Policy in the United States." *Journal of Public Policy & Marketing*, vol. 30, no. 1, 2011, pp. 89–95. *JSTOR*, www.jstor.org/stable/23209262.
- Kent, Ann. "Cancer Doctors Told to Become Lobbyists." *BMJ: British Medical Journal*, vol. 319, no. 7214, 1999, pp. 874–874. *JSTOR*, www.jstor.org/stable/25185955.
- Gøtzsche, Peter C. "Big Pharma Often Commits Corporate Crime, and This Must Be Stopped." *BMJ: British Medical Journal*, vol. 346, no. 7894, 2013, pp. 26–26. *JSTOR*, www.jstor.org/stable/23493746.
- Loftis, Matt W., and Jaclyn J. Kettler. "Lobbying from Inside the System: Why Local Governments Pay for Representation in the U.S. Congress." *Political Research Quarterly*, vol. 68, no. 1, 2015, pp. 193–206. *JSTOR*, www.jstor.org/stable/24371982.
- GRASSE, NATHAN, and BRIANNE HEIDBREder. "The Influence of Lobbying Activity in State Legislatures: Evidence from Wisconsin." *Legislative Studies Quarterly*, vol. 36, no. 4, 2011, pp. 567–589. *JSTOR*, www.jstor.org/stable/23053277.
- Ozmy, Joshua. "Assessing the Impact of Legislative Lobbying Regulations on Interest Group Influence in U.S. State Legislatures." *State Politics & Policy Quarterly*, vol. 10, no. 4, 2010, pp. 397–420. *JSTOR*, www.jstor.org/stable/41427033.
- Geiger, A. (2018, January 05). U.S. public opinion on legalizing marijuana, 1969-2017. Retrieved April 19, 2018, from http://www.pewresearch.org/fact-tank/2018/01/05/americans-support-marijuana-legalization/ft_18-01-05_marijuana_line_update/
- Gordon, A. (2014, December 04). The Suppliers of the NFL's Painkiller Addiction. Retrieved April 19, 2018, from https://sports.vice.com/en_us/article/qkqa7v/the-suppliers-of-the-nfls-painkiller-addiction
- Ingraham, C. (2017, April 19). Analysis | 11 charts that show marijuana has truly gone

mainstream. Retrieved April 19, 2018, from https://www.washingtonpost.com/news/wonk/wp/2017/04/19/11-charts-that-show-marijuana-has-truly-gone-mainstream/?utm_term=.527c752f792d

Misulonas, J. (2017, October 27). Big Pharma Will Lose \$4 Billion Per Year Due to Medical Marijuana. Retrieved April 19, 2018, from <https://www.civilized.life/articles/big-pharma-lose-billions-medical-marijuana/>

Ornstein, C., Groeger, L., Tigas, M., & Jones, R. G. (2016, December 13). Dollars for Docs. Retrieved April 19, 2018, from <https://projects.propublica.org/docdollars/doctors/pid/270459>

Rovell, D. (2010, May 17). Money Game For NFL Team Docs Not Adding Up. Retrieved April 19, 2018, from <https://www.cnbc.com/id/37132952>

Brinson, W. (2016, July 30). Brett Favre says he used to take a month's worth of painkillers in two days. Retrieved from <https://www.cbssports.com/nfl/news/brett-favre-says-he-used-to-take-a-months-worth-of-painkillers-in-two-days/>

Geiger, A. (2018, January 05). About six-in-ten Americans support marijuana legalization. Retrieved from <http://www.pewresearch.org/fact-tank/2018/01/05/americans-support-marijuana-legalization/>

Burnett, M. (n.d.). How Did Marijuana Become Illegal in the First Place? Retrieved from <http://www.drugpolicy.org/blog/how-did-marijuana-become-illegal-first-place>

Active Players. (n.d.). Retrieved from <https://www.nflpa.com/active-players/drug-policies>

AP[®] RESEARCH
2018 SCORING COMMENTARY

Academic Paper

Sample: H

Score: 2

The paper earned a score of 2 because it presents a reasonable research question (page 3, paragraph 2: “How has lobbying done by the pharmaceutical industry influenced the NFL's policies regarding player use of marijuana from 2000 to the present?”) with a narrowing focus (the NFL and Big Pharma's influence on marijuana use policies). However, the paper does not present a replicable method with which to address this question: The “hybrid method of research” mentioned on page 6 is not discussed in detail except as a “quantitative and qualitative” approach analyzing the “business holdings of Big Pharma” (page 6) and “... existing NFL marijuana policies” (page 7) as compared with those of other major sports leagues.

The paper did not score a 1 because it moves beyond a broad discussion of a topic to a reasonably narrowed focus and research process supported by a method.

The paper did not score a 3 because this process is nonreplicable and potentially misaligned with the research topic (i.e., the paper's interest in Big Pharma's business holdings is of dubious relevance to the subject at hand). In addition, the paper provides no substantial new understanding in its “Analysis and Implications” section (pages 14–16), and underlying the paper is a repeated sense that the research is driven by the student's polemical supposition that marijuana laws are excessively tough — see page 5 where the student rhetorically asks, “So why don't we have legalized medical marijuana?”