

IC&RC ADC - Quiz Questions with Answers

Domain I: Scientific Principles of Substance Use and Co-Occurring Disorders

Domain I: Scientific Principles of Substance Use and Co-Occurring Disorders

1.

Can a person with significant drinking problems ever return to moderate drinking?

The issue is deeply controversial and not settled

No, under no circumstances

Yes, in most cases

Yes, with proper support, recovery, and supervision

Correct answer: The issue is deeply controversial and not settled

The issue of whether a person with significant drinking problems can ever return to moderate drinking is a deeply controversial one, inspiring much heated debate. On the one hand are those who say this is essentially what recovery means: to return to a previous level of functioning in life, including recreational use of alcohol. On the other hand is the position that the brain has essentially changed if an addiction to alcohol is present, necessitating lifelong abstinence. The best course of action for clinicians is to keep up to date on the current thinking from all perspectives and concentrate on providing the best care possible to individual clients based on their unique circumstances.

2.

What does *reciprocal relapse* mean in substance-use treatment?

Relapse in one issue provokes relapse in another

Two issues relapse at the same time

Improvement in one issue provokes relapse in another

Improvement in two issues spontaneously changes to relapse

Correct answer: Relapse in one issue provokes relapse in another

Often clients who have two or more co-occurring psychiatric conditions, including substance use, experience reciprocal relapse. No matter what drives the initial relapse in one of their issues, reciprocal relapse means the relapse continues into other psychiatric issues under treatment. For example, a person who is taking antidepressants and recovering from cocaine use might decide to stop pursuing antidepressant treatment and then relapse into cocaine use.

If two issues relapse at the same time, this is not reciprocal. The important point about reciprocal relapse is not what causes it but the pattern of successive relapse. Improvement can spontaneously change to relapse, but this is not reciprocal.

3.

Is it necessary to identify oneself as an addict or alcoholic to improve?

Yes, in some paradigms of recovery

No, under no circumstances

Yes, in all circumstances

No, unless the issue is very severe

Correct answer: Yes, in some paradigms of recovery

There is a broad array of treatment paradigms for dealing with substance-use issues. In many of them, such as harm reduction, the question of whether identifying oneself as an addict or alcoholic is necessary may not emerge. In others, such as most 12-step programs, this identification is viewed as the first step toward recovery.

4.

How important are genetic factors to the experience of substance-use problems?

The influence of genetic factors varies by substance used

The influence of genetic factors is constant across substances

The influence of genetic factors is negligible across substances

The influence of genetic factors is less important than the influence of social factors

Correct answer: The influence of genetic factors varies by substance used

Genetic factors definitely influence various aspects of substance-use problems. The literature suggests that genetics play a role in the formation of substance-use problems and the nature of their course, though this influence varies by substance used. As an example, genetics appear to play different roles in alcohol than in other kinds of substance-use problems. Genetic factors alone will never fully explain a substance-use problem, but social factors are similarly variable across substances in their level of influence.

5.

Which of the following is NOT among the effects usually reported by users of PCP?

Sedation

Hallucinations

Detachment from reality

Fear

PCP (phencyclidine) is a highly potent drug that can produce a variety of vivid effects in users. These include detachment from reality; distortions of time, space, and body image; intense fear; hallucinations; and sometimes invulnerability and increased physical strength. Users can become highly disoriented, aggressive, and/or suicidal.

Sedation is much less commonly reported as an effect of PCP.

6.

According to Kaufman (1994), what is the most important objective of recovery?

Achieving healthy intimate relationships

Achieving personal safety

Achieving recognition of past trauma

Achieving healthy life balance

Correct answer: Achieving healthy intimate relationships

Edward Kaufman, one of the better-known writers in the field of substance use, proposed in 1994 that the most important objective of recovery was achieving healthy relationships. This is partially due to the prophylactic nature of healthy relationships due to substance-use recovery. However, he found exploring the benefits of healthy relationships worthwhile in its own right as an avenue for making substance use obsolete for individuals.

Achieving personal safety, recognizing past trauma, and achieving life balance are all important in recovery, but Kaufman recognized the importance of intimate relationships as the paramount recovery objective.

7.

Which of the following BEST characterizes the effects of substance use?

All substance use involves physiological and behavioral consequences

All substance use involves physiological consequences

All substance use involves behavioral consequences

All problematic substance use involves physiological consequences

Correct answer: All substance use involves physiological and behavioral consequences

Substance use of any kind involves various physiological and behavioral consequences. However, due to the idiosyncrasy of drug effects, these consequences are highly variable by user, context, history, and a variety of other factors. This variability exists whether the substance use in question has been deemed problematic or not.

8.

Which of the following MOST accurately reflects the withdrawal effects of cannabis?

Insomnia, irritability, and restlessness among chronic users

Euphoria and relaxation among chronic users

Insomnia, irritability, and restlessness among most users

Euphoria and relaxation among most users

Correct answer: Insomnia, irritability, and restlessness among chronic users

Though studies are ongoing, the most vivid withdrawal effects among cannabis users are noted in chronic users. These effects include irritability, insomnia, and restlessness. The research shows they occur in a relatively small number of chronic users and are much less common among users whose use is less chronic.

Euphoria and relaxation are effects of cannabis more common in the acute phase of intoxication rather than in withdrawal.

9.

In terms of ongoing opioid use, what is the CORRECT description of the respective tolerance effects on euphoria and numbing of emotions?

Tolerance develops to euphoria but not to emotional numbing

Tolerance develops to emotional numbing but not to euphoria

Tolerance develops to both euphoria and emotional numbing

Tolerance develops to neither euphoria nor emotional numbing

Correct answer: Tolerance develops to euphoria but not to emotional numbing

Opioids are the most effective medications known in the treatment of physical pain. They have a similar effect on emotional pain. However, with ongoing opioid use, the euphoric action of the drug tends to be tolerated—more opioid is needed to achieve the same effect—while the numbing of emotions tends to remain relatively constant in the same schedule of use.

10.

Which of the following is FALSE about the progression of alcohol and/or drug problems?

Progression to a worse stage is inevitable in the case of both alcohol and drug problems

Progression to a worse stage is inevitable in the case of alcohol problems

Progression to a worse stage is inevitable in the case of drug problems

Progression to a worse stage is not inevitable in the case of both alcohol and drug problems

Correct answer: Progression to a worse stage is inevitable in the case of both alcohol and drug problems

A mistaken impression exists that the progression of drug and alcohol problems is inevitable to the point of crisis. The reality is that many people with these problems either remit on their own without treatment or stay at a functional stage of use for years or even decades without progression to the point of crisis, if such a progression ever happens at all.

This lack of definite progression is similar in both alcohol and drug problems.

11.

Which of the following is FALSE about cravings?

They show that treatment is ineffective

They are a natural effect of substance use

They are not a sign of weakness

Cravings can continue indefinitely

Correct answer: They show that treatment is ineffective

Cravings are thought to be a natural feature of substance use in an individual, as the brain's reward system reacts to not having its main reinforcer. They are not a sign of weakness because they are not actually under the control of the individual. Cravings can continue long after the person has stopped using, an effect that is highly variable by individual.

Cravings are not a sign that treatment is ineffective; they are an expected, natural part of substance-use treatment.

12.

Why are negative affect states triggers for relapse?

The substance of choice promises relief

The negative affect states become psychotic

The substance of choice increases sensitivity

The negative affect states create suicidality

Correct answer: The substance of choice promises relief

Relapse is a complicated phenomenon that rests on the idea of "triggers," which in the case of substance use are environmental factors, situations, or people that provoke use. Negative internal affect states, such as depression or anxiety, can be triggers because the client has likely used the substance of choice to achieve relief from these same affect states in the past. Thus, a relapse promises to relieve the intolerable internal affective world.

Negative affect does not usually result in psychosis on its own. Suicidality is a common feature of substance-using clients and should be regularly assessed, but it is not a trigger for relapse. The substance of choice, if used in these situations, will likely not increase sensitivity to negative internal affect but may numb the affective states.

13.

What is the proper way to help trauma survivors manage their trauma in early recovery?

By managing the emerging feelings

By engaging the trauma at a deep level directly

By shifting the focus entirely to the trauma

By referring the client to a trauma specialist

Correct answer: By managing the emerging feelings

An effect of stopping alcohol and/or drug use is the reemergence of feelings that are troubling or that have been suppressed by substance use. This often occurs in trauma survivors, who in early recovery may find that their previously suppressed feelings begin to be vivid and present. It is recommended not to ignore the issues related to trauma but to manage the emerging feelings. Engaging with trauma at a deep level directly and immediately may derail the more urgent and pressing issue of substance-use treatment since dealing with trauma is lengthy, deep work that must be done in detail.

14.

What does the acronym HALT mean with respect to substance use?

Hungry, Angry, Lonely, Tired

Hungry, Agitated, Lonely, Tired

Hateful, Angry, Lonely, Tired

Hungry, Angry, Lonely, Traumatized

Correct answer: Hungry, Angry, Lonely, Tired

People in recovery are prone to risks of relapse. The acronym HALT (Hungry, Angry, Lonely, Tired) is a useful mnemonic to offer clients about affective states in which they may find themselves at risk of relapse. It is in these affective states that the person in recovery is most prone to reach out for their former source of comfort, i.e., the drug of choice.

15.

Which of the following is TRUE about the idea of an "addictive personality"?

There is little empirical support for the concept

There is adequate empirical support for the concept

It is the standard assumption of most substance-use treatment providers

It has been conclusively disproven

Correct answer: There is little empirical support for the concept

Though it has become a common term in the culture and among providers, the notion of an "addictive personality" has little empirical support. The idea is that there is a sort of personality that finds itself highly vulnerable to issues of substance use. Though the idea has not been conclusively disproven, there is not adequate empirical support to suggest it is the case. On the other hand, research suggests that a client's personality is changed by substance use rather than that a certain personality type is predisposed to substance use or addiction.

16.

What does *extinction* mean in the context of substance use and cravings?

With each successful resistance of cravings, resistance increases

Cravings diminish and disappear entirely with abstinence

With each indulgence of cravings, resistance increases

With each successful resistance of cravings, resistance decreases

Correct answer: With each successful resistance of cravings, resistance increases

Extinction is a term from the behaviorist school of psychology that refers to the fact that an undesirable behavior tends to slowly diminish and disappear if not reinforced. In the world of substance use, this means that if a specific instance of craving is not indulged and a pattern of non-indulgence is realized, cravings themselves will diminish and resistance to all cravings will increase.

Cravings may or may not disappear entirely when abstinence is established. Resistance to a craving does not usually lead to worse cravings.

17.

How do substance-using clients compare with clients of other types?

Substance-using clients tend to have more problems with suicide, serious medical conditions, and other consequences

Substance-using clients tend to have fewer problems with suicide, serious medical conditions, and other consequences

Substance-using clients tend to have about the same number of problems with suicide, serious medical conditions, and other consequences

Substance-using clients cannot be reliably compared with other clients due to the nature of substance use as a brain disease

Correct answer: Substance-using clients tend to have more suicidal thoughts or attempts, serious medical conditions, and other consequences

One of the factors contributing to the historical reliance on substance-use providers to serve patients with substance-use issues has been that users tend to have more problems with suicide, serious medical conditions, and other consequences than other clients these providers might serve. Serving substance-using clients means engaging on some level with most of their complicated history and presentation and helping them maneuver through the consequences while doing the hard work of treating the substance-use issues themselves.

Substance use is a complicated brain disease, but this does not preclude it from being compared with other types of mental illness.

18.

Of the following, how is alcohol classified?

A CNS depressant

A CNS stimulant

A hallucinogen

A sedative

Correct answer: A CNS depressant

Alcohol is technically classified as a CNS (Central Nervous System) depressant. It impairs motor coordination and judgment, and its effects include changes to respiration, cognition, sensorium, and other aspects of human function.

Alcohol is not considered a CNS stimulant. Stimulants include such items as cocaine and amphetamines that contribute to overall arousal. Hallucinogens include such drugs as LSD and peyote that radically alter sensorium. Sedatives include such drugs as Xanax and Ativan that in many ways mimic the effects of alcohol.

19.

Which of the following MOST accurately describes the harm reduction approach to abstinence?

Abstinence is one of many possible goals

Abstinence is not necessary in any case

Abstinence is essential in early treatment

Abstinence is essential throughout treatment

Correct answer: Abstinence is one of many possible goals

The harm reduction approach to substance-use treatment does not identify abstinence from substance use as essential at any stage of treatment but as one of many possible ways to reduce the overall impact of substance use on a client's life. This is in contrast to the disease model and others, which generally call for abstinence as a condition of treatment, particularly in the early stages of recovery.

20.

Which of the following does research show is TRUE about counselors who are themselves in recovery?

They endorse varied techniques and broader treatment goals

Counselors who are in recovery should not provide treatment

They are more rigid and intolerant of lapses and noncompliance

They are less willing to entertain alternative treatment goals

Correct answer: They endorse varied techniques and broader treatment goals

It is common for counselors who are in recovery to counsel others who are in treatment for substance-use disorders. This is seen as an advantage in many ways, as their lived experience is a powerful asset to have in common with those seeking help. Though the assumption once was that such counselors would be more rigid and intolerant of lapses and noncompliance with treatment plans, the research indicates that counselors who are in recovery endorse a wide range of techniques and broader treatment goals.

21.

How is suicide risk different in substance-using populations?

Frequencies of attempts and completed suicides are substantially higher in substance-using populations

Frequencies of attempts and completed suicides are substantially lower in substance-using populations

Frequency of attempts is substantially higher in substance-using populations

Completed suicides are substantially higher in substance-using populations

Correct answer: Frequencies of attempts and completed suicides are substantially higher in substance-using populations

Substance-using populations are at much greater risk than the general population when it comes to suicide. In or out of treatment, they have a substantially higher rate of suicide attempts and completed suicides than the general population, across all ages.

22.

Ultimately, what is responsible for substance-use problems?

A complex blend of factors

Genetic predispositions

Behavioral choices

Co-existing conditions

Correct answer: A complex blend of factors

The exact cause of substance-use problems in individuals is still a matter of debate in clinical research, but the consensus seems to be that a person who appears with substance-use issues does so due to a complex blend of factors, including their environment, trauma, genetics, and choices. It is difficult to assign total responsibility to any one of these factors in any individual case. Though individual life choices are of great significance, they do not tell the whole etiological story.

23.

What is the effect of cannabis on a user who experiences depression?

Cannabis use tends to worsen depression in those prone to it

Cannabis use tends to ameliorate depression in those prone to it

Cannabis use has no demonstrated effect on depression in those prone to it

Cannabis use cures depression in many users

Correct answer: Cannabis use tends to worsen depression in those prone to it

Cannabis use, like many drug effects, is highly idiosyncratic and may be paradoxical. Though cannabis use has become far more mainstream in recent decades, research regarding the long-term negative effects is lacking. For instance, there is research to suggest that cannabis use tends to worsen depression in those prone to it. There is no explanation in the literature beyond the fact that this sometimes happens to users.

Cannabis cannot be said to "cure" depression; owing to the variable effects of many substances, there may be some positive effects, but the literature highlights that in users who are predisposed to depression, cannabis use is likely to make depression worse.

24.

Which of the following are considered psychoactive substances?

Alcohol, cannabis, cocaine, and LSD

Alcohol, cannabis, and cocaine

Cannabis, cocaine, and LSD

Cocaine and cannabis

Correct answer: Alcohol, cannabis, cocaine, and LSD

A psychoactive substance is any substance a human being can ingest or otherwise use to acutely alter mood and mental state. Thus, the definition includes everything from alcohol (induces mood changes in idiosyncratic ways) to cannabis (alterations in mood and sensorium) to cocaine (alterations in mood and activity) and LSD (alterations in mood and sensorium). Psychoactive substances are the most prone to abuse and misuse of all substances known to man.

25.

Which of the following are the MOST common co-occurring disorders manifested by those in substance-use treatment?

Mood and anxiety disorders

Personality disorders

Psychotic disorders

Developmental disorders

Correct answer: Mood and anxiety disorders

Among the many kinds of co-occurring disorders manifested by those who are in substance-use treatment, mood and anxiety disorders tend to predominate. Specifically, depression and chronic anxiety seem to be highly implicated in those who are experiencing substance-use issues.

While there is some overlap among disorders, and those with personality disorders, psychotic disorders, and developmental disorders do use substances and seek treatment, the main co-occurring disorders treated in substance-use contexts are mood and anxiety disorders.

26.

Which of the following is the greatest potential barrier to providing psychoeducation?

The client's ambivalence about using

The client's mood

The client's relapse triggers

The client's late-stage recovery

Correct Answer: The client's ambivalence about using

Providing psychoeducation can be a very valuable part of treatment, as it drains some of the emotionality from therapy by relying only on the transmission of factual information about use. However, timing is important. If a client is still unsure about whether they want to continue using, their ambivalence makes psychoeducation less effective. A client who is committed to pursuing abstinence is a much better receiver of psychoeducation than one who is not.

Substance-using clients are vulnerable to mood issues; at the proper time, this is no barrier to psychoeducation. Relapse triggers are not a barrier to psychoeducation; in fact, education about relapse can be very useful. Clients in late-stage recovery can benefit from psychoeducation; their status is no barrier to its effectiveness.

27.

How long does it take for the psychoactive effects of snorted cocaine to become noticeable?

Ten to 15 minutes

20 to 30 minutes

About one hour

Five to ten minutes

Correct answer: Ten to 15 minutes

Snorting cocaine produces an onset of noticeable psychoactive experience ten to 15 minutes after a dose is introduced nasally. Peak effects usually occur 30 to 60 minutes after ingestion.

28.

Why would a clinician reject labels like "addict" or "alcoholic" to describe clients in substance-use treatment?

They are pejorative, nonspecific labels

They are no longer used in substance-use treatment

They are not used in 12-step programs

They have a religious overtone

Correct answer: They are pejorative, nonspecific labels

Though it is often still a matter of the preference of individual therapists, many therapists reject the labels "addict" and "alcoholic" for two major reasons. One is that these terms don't really describe a clinical condition in appropriate detail, and the other is that they carry a significant stigma. However, some styles of treatment, such as 12-step programs, have this language as part of their overall perspective. The concern about the labels is not religiosity but their nonspecific, pejorative nature.

29.

Is a desire for mood alteration pathological?

A desire for mood alteration is not inherently pathological

A desire for mood alteration is inherently pathological

A desire for mood alteration is indicative of personality disorder

A desire for mood alteration is diagnostic of substance-use disorders

Correct answer: A desire for mood alteration is not inherently pathological

Human beings have used psychoactive substances to alter mood throughout history. The desire to alter mood is not pathological in itself and is experienced by most people often. The pathology is diagnosed when the means used to achieve mood alteration take on an added meaning beyond mood alteration, taking the person into the realm of dependence and addiction.

Desire for mood alteration does not indicate a personality disorder or substance-use disorders.

30.

What does the National Institute on Alcohol Abuse and Alcoholism (NIAAA) define as low-risk drinking?

Two drinks a day for men and one drink a day for women

Five drinks a day for men and three drinks a day for women

There is no such thing as "low-risk" drinking according to the NIAAA

One drink a day for men or women

Correct answer: Two drinks a day for men and one drink a day for women

The NIAAA recognizes that the established clinical definitions of alcohol dependence and misuse are shifting and do not capture the detail necessary to correctly describe many categories of drinking that do not rise to the level of clinical diagnosis. For example, the NIAAA defines "low-risk" drinking as two drinks a day for men and one drink a day for women (owing to physiological differences).

The NIAAA recognizes that there is such a thing as moderation and that all drinking is not inherently risky or pathological.

31.

Which of the following is most likely to lead to tolerance among those who use stimulants?

Euphorigenic effects

Sedation

Hallucinatory effects

The "crash"

Correct answer: Euphorigenic effects

Users of stimulants are often impelled to use more of their substance of choice due to an increasing tolerance to the euphorigenic effects of stimulants. In other words, over time, in the case of chronic use, it will take more stimulant to produce the desired effect.

Sedation and hallucinatory effects are less-known among stimulant effects. A desire to avoid the "crash" may provoke use, but it will not be related to increased overall tolerance.

32.

How is a risk meter used in substance-use counseling?

To gauge the level of risk associated with an environmental trigger for use

To assess a person's general level of risky substance use

To develop a meaningful treatment plan based on an assessment of problematic use

To create expectations of urgency around possible relapse triggers

Correct answer: To gauge the level of risk associated with an environmental trigger for use

A risk meter in substance-use counseling is an assessment tool that helps clients gauge the level of risk associated with an environmental trigger for use. Any scale can be used, but in many cases, a simple 1–10 scale is employed: 1 indicates low or no risk of relapse associated with the situation, and 10 indicates a nearly guaranteed relapse situation. If properly used, this can help clients and counselors plan around unavoidable events that pose a risk to abstinence.

The point of a risk meter is not to gauge the overall level of risky substance use, which is already established. Developing a treatment plan involves assessing problematic use, but this is not the purpose of a risk meter. Creating an expectation of urgency around possible relapse triggers is likely not necessary, as the client most likely already feels urgency to deal with triggers.

33.

Compulsive masturbation is MOST associated with which of the following drugs?

Stimulants

Cannabis

LSD

Alcohol

Correct answer: Stimulants

An array of hypersexual behaviors is associated with stimulant use, among which is compulsive masturbation. It is often experienced in relation to an obsessive interest in pornography. Users of stimulants often report high-risk sexual behavior of various kinds.

Cannabis, LSD, and alcohol do not seem to produce the hypersexual behavior associated with the use of stimulants.

34.

Which of the following is the fastest route of administration for opioids?

Smoking

Skin contact

Snorting

Eating

Correct answer: Smoking

In most cases, psychoactive drugs that are smoked or injected directly into the bloodstream via IV administration produce the fastest effect on the user. This is definitely true in the case of opioids; other methods, such as skin contact, snorting, or eating, are not as rapid.

35.

Are nonspecific treatments for substance-use disorders effective?

Not according to the available research

Many modalities of nonspecific treatment are effective

Clients always need specific substance-use treatment

Psychoanalysis alone can help many people with substance-use issues

Correct answer: Not according to the available research

There is no research to suggest that nonspecific substance-use treatment is effective in treating substance-use disorders. The current thinking is that when a substance-use issue is identified and current in a clinical presentation, the issue gets specific treatment regardless of whether other issues are addressed. The research that does exist suggests that specific treatment for substance-use disorders is far more effective than a general therapeutic approach that might help with any issue.

However, depending on the specific nature of the client's presentation, they may or may not need specific substance-use treatment, as people who seek treatment are highly idiosyncratic. There is no research to suggest that psychoanalysis alone would be an effective treatment for substance-use issues.

36.

Which of the following does PAWS stand for in the context of substance use?

Post-Acute Withdrawal Syndrome

Post-Action Willpower Status

Present Acute Working Stress

Passive Action Water Soluble

Correct answer: Post-Acute Withdrawal Syndrome

PAWS is an acronym that stands for Post-Acute Withdrawal Syndrome (Gawin & Kleber, 1986), which occurs in long-term users of alcohol and other drugs who experience marked disruption in mood, affect, and memory that may last for a time after abstinence is established.

The other answer choices are fabricated terms.

37.

In the case of persons who cannot identify positives of their use in a decisional balance analysis, what is the counselor's role?

Assist the client in finding positives about use

Discourage positive thinking about use

Abandon the decisional balance analysis

Neither encourage nor discourage positive thoughts about use

Correct answer: Assist the client in finding positives about use

A decisional balance analysis is a tool meant to help clients deal with feelings of ambivalence about use and treatment. In such an analysis, the therapist helps a client come up with a list that includes both positive and negative aspects of use in order to help move the client to a more decisional stage about use. In cases when clients are reluctant to come up with positive aspects of use, the counselor should be ready to assist them, as this will help balance the decisional analysis for the client.

In such cases, the decisional balance analysis should not be abandoned, as it is a useful tool. When clients have positive and/or negative thoughts about use, neither should be discouraged; the more the client feels they can be transparent about their real feelings regarding use, the more effective the counseling relationship will be.

38.

How is LSD generally administered?

Ingestion

Inhalation

Injection

Skin contact

Correct answer: Ingestion

LSD is usually administered through ingestion of a small tab of paper on which a small amount (50 micrograms or less) of the drug has been sprayed or dropped. The drug can be absorbed through the skin, inhaled, or injected, though these are not generally the preferred modes of entry into the body, as they seem less effective as administration mechanisms.

39.

Why might personality disorders be overdiagnosed in substance-using clients?

Chronic substance use brings about changes in personality

Chronic substance use clarifies personality issues

Chronic substance use creates new personality traits

Chronic substance use substitutes an alternate personality

Correct answer: Chronic substance use brings about changes in personality

One major challenge facing diagnosticians and clinicians working with substance-using clients is to determine the relationship between personality disorder and the chronic use of substances. Perhaps the most correct overall statement in this regard is that chronic substance use brings about changes in personality, so in a given individual, behaviors and traits such as breaking the law, risk-taking, impulsivity, lack of concern for others, and manipulation could be native antisocial personality disorder, a manifestation of sequelae of chronic drug use, or both. While personalities change in chronic use, it is not really true to say that a new personality is formed, that the personality issues are in any way clarified, or that a whole alternate personality is inserted.

40.

Which of the following MOST accurately describes treatment in severely addicted persons?

Treatment of severely addicted persons can be reasonably effective

Severely addicted persons rarely benefit from treatment

Severely addicted persons can be treated as effectively as others

Treatment of severely addicted persons tends to be more effective than treatment of other populations

Correct answer: Treatment of severely addicted persons can be reasonably effective

Though it was long believed that severely addicted persons were virtually untreatable due to the severity of their problem, it has now been shown that those with severe substance-use problems can expect reasonable recovery if the substance-use issue is effectively dealt with alongside specific risk factors for the client. As with all mental health and substance-use issues, the real effectiveness of recovery depends in many ways on the client's determination to adhere to a plan of care.

The treatment of severely addicted persons differs from treatment of those with less acute problems (severity of consequences, for example), but in both contexts, recovery is possible.

41.

When does relapse start?

Long before use occurs

When use occurs

After use occurs

When treatment begins

Correct answer: Long before use occurs

It is a misconception that relapse occurs when use occurs. Relapse is best understood as a process that starts long before use, with unmanageable thoughts and failed coping strategies. Relapse is a process in which use is the end rather than the beginning.

Treatment is not the beginning of relapse but of recovery.

42.

Which of the following MOST accurately describes the proportion of substance-using clients who have antisocial and narcissistic traits?

These traits exist in only a small minority of the clinical population

These traits characterize the vast majority of the clinical population

These traits are no different in substance-using clients than in the general population

All substance-using clients have these traits in clinically specific ways

Correct answer: These traits exist in only a small minority of the clinical population

Contrary to the belief of many providers, antisocial and narcissistic traits do not characterize most substance-using clients who seek treatment. In fact, clients with these traits exist in only a small minority of the clinical population. The scientific evidence seems to show that the substance use, in a complex interaction with the client's history, present circumstances, and brain chemistry, changes the client's personality, not that a certain personality either seeks help for substance use or is more prone to seeking out substances in the first place.

43.

What would be the BEST piece of evidence to suggest that a person's substance use is NOT problematic or pathological?

The absence of apparent harm or dysfunction

No evidence is required; all substance use is pathological

The client's self-report

The testimony of law enforcement

Correct answer: The absence of apparent harm or dysfunction

It should be remembered, particularly by diagnosing clinicians, that all substance use is not problematic or pathological. Some chronic users of substances proceed for decades with no apparent sign of global harm or dysfunction in their lives. When present, these signs are strong evidence that a person has a substance-use problem. In their absence, a true diagnosis of substance-use disorder becomes very difficult to establish.

Evidence of harm or dysfunction impacting the client's life from the use of substances will eventually dictate a formal diagnosis, not the client's self report, which may or may not be useful. Similarly, the testimony of others (such as family or law enforcement) can be biased and should not be considered as strongly as dysfunction in the person's life.

44.

Which of the following is the main reason substance-use counselors might recommend a sexual "cooling off period"?

To reduce the power of the drug-sex connection

To help the client avoid sexually transmitted diseases

To help the client concentrate on recovery

To encourage the client to develop new social networks

Correct answer: To reduce the power of the drug-sex connection

In many substance users, particularly those who use stimulants such as methamphetamine and cocaine, binge sex or risky sex is part of the drug experience. By recommending that a client step back from sexuality briefly, the counselor attempts to help the client reduce the power of the connection between sex and drugs.

Avoiding sexually transmitted diseases is valuable but not the main point of recommending sexual abstinence for a brief time. Clients can concentrate on recovery and develop new social networks without sexual abstinence.

45.

Which of the following is LEAST likely as a co-occurring personality disorder among substance-use-disordered clients?

Avoidant

Borderline

Narcissistic

Antisocial

Correct answer: Avoidant

Personality disorders are common co-occurring disorders among the substance-use-disordered population. The most common of these are borderline personality disorder, narcissistic personality disorder, and antisocial personality disorder. What these disorders have in common is a degree of impulsivity, a lack of concern or empathy for others, and the willingness to defy social convention and law.

Avoidant personality disorder, in which a person actively avoids engagement with other people, is a less common co-occurring personality disorder among the substance-use-disordered population.

46.

Which of the following is NOT an adverse reaction normally reported by users of MDMA?

Hallucinations

Nausea

Blurred vision

Muscle tension

MDMA (3,4-methylenedioxymethamphetamine), also known as Molly or Ecstasy, is a commonly used "club drug" noted for its effects of energy, self-confidence, and greater sociability, among others. Its negative effects include nausea, teeth clenching, muscle tension, blurred vision, faintness, chills, and sweating.

Frank hallucinations, like those found in schizophrenia, are not known among the effects of MDMA.

47.

What is the effect of cannabis on sex hormones?

There is conflicting evidence

Cannabis depresses sex hormone function

Cannabis increases sex hormone function

There is no measurable effect on sex hormones due to cannabis use

Correct answer: There is conflicting evidence

More research is needed, as there is conflicting evidence about the effect of cannabis on sex hormones, sperm count/motility in males, and fertility in females.

The body of research has not yet arrived at a single non-conflicting statement regarding the effect of cannabis on sex hormones.

48.

What is the general profile of the modern LSD user?

White male adolescents and young adults

LSD users represent a cross-section of society and ethnicity

Black male adolescents and young adults

Asian male adolescents and young adults

Correct answer: White male adolescents and young adults

The use of LSD faded after its initial explosion in the psychedelic culture of the 1960s. However, it has experienced a resurgence in the past ten to 25 years; most users of the drug tend to be white male adolescents and young adults. Though users can come from virtually any segment of society, this group is the common profile.

49.

Which of the following are the two well-established medical uses for cannabis?

Treating nausea and glaucoma

Treating anxiety and muscle spasms

Treating disorientation and depression

Treating urinary tract infection and mouth pain

Correct answer: Treating nausea and glaucoma

Though research is currently ongoing, cannabis is a standard for treating only two medical conditions: the intense nausea created by anticancer drugs and intraocular pressure in cases of glaucoma.

Treating psychiatric issues such as anxiety and depression with cannabis is still controversial. Cannabis is not currently prescribed for disorientation, mouth pain, muscle spasms, or urinary tract infection.

50.

Which of the following ACCURATELY represents the proportion of male and female users who report heightened sexuality as a result of methamphetamine or cocaine use?

40%–50% of male users and <25% of female users report this effect

60%–80% of male users and <10% of female users report this effect

20%–30% of male users and <15% of female users report this effect

60%–80% of male users and <25% of female users report this effect

Correct answer: 40%–50% of male users and <25% of female users report this effect

Some 40%–50% of male users and <25% of female users report that use of methamphetamine or cocaine results in heightened feelings of sexuality. The exact mechanism of this effect and the reason for its differential effect on male and female users are unknown. Users who experience this effect at first use typically continue to experience it through subsequent use.

51.

How does dysphoria usually manifest in users of cannabis?

Feelings of impending doom and paranoia

Feelings of deep sadness and regret

Feelings of physical pain and shock

Feelings of agitation and wakefulness

Correct answer: Feelings of impending doom and paranoia

Use of cannabis can result in a wide variety of psychoactive effects, among which is dysphoria. The dysphoria most commonly associated with the use of cannabis is a sense of impending doom or paranoia as well as a global sense of dissociation or unreality.

Though feelings of regret, sadness, agitation, and/or wakefulness are not unknown among cannabis users, they are not the most common types of dysphoria felt. Feelings of physical pain and shock as a result of using cannabis are relatively unknown.

52.

What does "playing the tape" mean in the context of cravings?

Visualizing the whole process of using

Recalling past negative experiences with use

Idealizing past use to prevent relapse

Visualizing the triggers of substance use

Correct answer: Visualizing the whole process of using

Cravings are a natural and expected part of substance-use treatment. One tool for dealing with cravings is "playing the tape" to counteract the idealized feelings of longing that some clients have in regard to their substance of choice. This approach involves encouraging the client to mentally follow the course of an episode of use—past the good feelings of the high and into the less positive aspects that most likely follow. In this way, the client can see that the consequences of indulging a craving invalidate the good, temporary feelings that use would bring about.

Recalling past negative experiences with use and visualizing the triggers of substance use can be valuable but these not what "playing the tape" refers to. Idealizing past use does not prevent relapse; in fact, it can lead to relapse.

53.

Which of the following is a TRUE statement about the side effects of opioids?

Opioids can have significant antipsychotic effects

Opioids can result in trichotillomania

Opioids can have significant anti-inflammatory effects

Opioids can result in excoriation

Correct answer: Opioids can have significant antipsychotic effects

An interesting and lesser-known side effect of opioids is that they can have significant antipsychotic effects (Verebey, 1982), though they are not prescribed for this use. Opioids and other drugs are not typically known to activate trichotillomania (hair-pulling) or excoriation (skin-picking). Opioids may have some anti-inflammatory effects, but they are not particularly known for these.

54.

Generally speaking, what produces "blackout drinking"?

Rapid, high-dose alcohol consumption

Long-term addiction to alcohol

Single-dose consumption in vulnerable adults

Slow, intermittent use over a long period of time

Correct answer: Rapid, high-dose alcohol consumption

"Blackout drinking" takes place when a person uses alcohol rapidly in high doses; the phenomenon is generally produced by binge drinking. Blackouts involve some degree of loss of memory for the period of intoxication.

Long-term addiction to alcohol is not likely to produce a blackout by itself, nor would single-dose consumption or a slow and intermittent pattern of use.

55.

How are the withdrawal effects of cannabis treated?

The withdrawal effects of cannabis diminish without treatment

The withdrawal effects of cannabis are treated with benzodiazepines

Cannabis produces no measurable withdrawal effects

The withdrawal effects of cannabis are effectively permanent

Correct answer: The withdrawal effects of cannabis diminish without treatment

Not all users of cannabis report withdrawal effects; the phenomenon is usually limited to long-term chronic users and does not always happen even in these cases. However, a withdrawal syndrome of sorts can emerge consisting of insomnia, irritability, and restlessness if use is discontinued abruptly. The phenomenon disappears on its own within a few days without a need for intervention.

Benzodiazepines are sometimes used to treat the withdrawal syndrome associated with alcohol.

56.

Is substance use pathological in itself?

Not unless clinical criteria are met

Yes, in the majority of cases

No, if the client reports recovery

Yes, if the substance is illegal

Correct answer: Not unless clinical criteria are met

There are differences of opinion regarding whether substance use is pathological by nature. Though substance use does carry a societal stigma, the current way to determine whether substance use is a problem clinically is to use assessment tools and established clinical criteria. Many users of substances do not manifest clinically significant substance use disorder criteria and do not experience significant life challenges due to use, and this extends to the world of illegal substances as well. Clinical criteria, and not the client's self-report per se, are what determine diagnosis.

57.

What is one of the legal uses of cocaine?

As a local anesthetic

To assist in childbirth

To treat depression

To treat eating disorders

Correct answer: As a local anesthetic

One effect of cocaine often forgotten is its local anesthetic properties, and it is still sometimes used in nasal and eye surgery. It remains, however, a Schedule II controlled substance, meaning it has high abuse potential.

Opioids, which also have high abuse potential, can be used to assist in childbirth; antidepressants are often used to treat depression and are sometimes used to treat eating disorders.

58.

Which of the following describes the main effect profile of LSD?

Perceptual distortions, mild sedation, labile mood

Perceptual distortions, hostile toxicity, overall stimulation

Perceptual distortions, hallucinations, and mild sedation

Perceptual distortions, hallucinations, labile mood

Correct answer: Perceptual distortions, mild sedation, labile mood

The effects of LSD are relatively constant among users. They include perceptual distortions having to do with shapes and colors, time sense, and stimuli focus. LSD also generally causes mild sedation and a labile mood. Contrary to the general belief about LSD, novel hallucinations in the manner of schizophrenia are not common; perceptual distortions take an aspect of the existing environment and change it rather than producing novel content unrelated to the environment. Hostile toxicity is not generally known among users of LSD as it is among users of other substances, such as methamphetamine or cocaine.

59.

What is the effect of carbonation on the absorption rate of alcohol into the bloodstream?

Carbonation increases absorption rate

Carbonation decreases absorption rate

Carbonation has no meaningful effect on absorption rate

Carbonation decreases overall alcohol potency

Correct answer: Carbonation increases absorption rate

Carbonated alcoholic beverages, such as champagne, cause the alcohol in the beverage to be absorbed into the bloodstream faster than the alcohol in non-carbonated beverages, such as wine or hard liquor. This means the effects of the alcohol are felt sooner.

Carbonization does not decrease absorption rate, nor does it affect the potency of a given alcoholic beverage.

60.

Why might a client hide their ambivalence about stopping substance use?

They connect acknowledged ambivalence with failure

They fear termination of the counseling relationship

They wish to continue using

They want to see if the ambivalence will go away on its own

Correct answer: They connect acknowledged ambivalence with failure

Ambivalence about stopping substance use is such a natural part of substance-use treatment that if it is absent, it raises concerns. Virtually everyone has some degree of mixed feelings about giving up their drug of choice. Clients often hide this ambivalence in the mistaken belief that anything less than instant ironclad commitment to sobriety indicates failure. The counselor should try to bring the ambivalence out into the open, address it, and make it part of treatment.

Clients do wish to continue using at the same time they wish to stop, which is definitional ambivalence, and though they may think ambivalence will go away on its own, this would be less of a reason to hide it than fear of failure. Their decision to hide their ambivalence is likely not due to fear of termination of the counseling relationship but fear that it will fail in its purpose.

61.

What was the overall result of the treatment philosophy that considered substance-use disorders secondary to a primary disorder?

Treatment failures and distrust of professionals

Overall success in treatment of alcohol-use disorders

Mixed success in treatment of substance-use disorders aside from alcohol

Overall success in treating substance-related depression and anxiety

Correct answer: Treatment failures and distrust of professionals

In modern times, the treatment model most preferred for co-occurring disorders has been to treat both disorders concurrently. In the past, most providers believed a substance-use disorder existed mostly in relation to a so-called primary disorder, such as anxiety or depression. The decision not to treat the substance-use disorder itself led to treatment failures and to an overall distrust of professionals' ability to effectively treat substance-use disorders of all kinds.

62.

How does the "crash" of methamphetamine differ from that of cocaine?

It is much more severe

A crash is generally not experienced by methamphetamine users

It is much less severe

It is the same as that experienced by cocaine users

Correct answer: It is much more severe

Cocaine and methamphetamine are both associated with a crash, or a period of negative psychological and physical consequences of the loss of the drug in the system. In both cocaine and methamphetamine, this can result in unhappiness, agitation, and anxiety. However, the type of crash experienced by methamphetamine users tends to be much more severe than that experienced by cocaine users, lasting for several days and accompanied by depression lasting several weeks.

63.

What do PCP users report as the reason they use it repeatedly?

Escape from reality

Social effects

Euphoria

Relaxation

Correct answer: Escape from reality

In light of PCP's dramatically vivid and no doubt unpleasant and chaotic effects, why anyone would continue to use it might be a legitimate question. Users of PCP do develop dependence characterized by uncontrolled use and cravings. However, they do not report that social effects are their reason to continue using PCP, as the presentation of a person intoxicated with it could not really be described as socially available. Euphoria is questionable among users, as the experience of using the drug is often also characterized by intense fear and dysphoria. As PCP can result in violently aggressive feelings of invulnerability and agitation, it is far from a relaxing experience.

Users report that their continued use is a function of their desire for "numbing" or to escape reality altogether.

64.

How is alcohol withdrawal generally managed?

Through equivalent doses of benzodiazepines

It is not possible to manage alcohol withdrawal

Through equivalent doses of stimulants

Through equivalent doses of opioids

Correct answer: Through equivalent doses of benzodiazepines

Alcohol withdrawal in its most acute phase can be extremely dangerous if left untreated. As benzodiazepines are cross-tolerant with alcohol, an equivalent dose of benzodiazepines is often given in the case of acute alcohol withdrawal to manage the symptoms of withdrawal.

In such cases, stimulants and opioids would not be used, as they are not cross-tolerant with alcohol.

65.

Should a client be encouraged to pursue abstinence from all drugs while in treatment, or only the drug of choice?

All drugs

The client is allowed a replacement substance

Only the drug of choice, as it is the main concern

Only the drug of choice and alcohol, if it is being used

Correct answer: All drugs

Clients entering substance-use treatment often do not connect the problems of their main substance of choice with the other substances they use. For example, many users of illicit drugs do so while consuming alcohol. The course of action most likely to result in success is to encourage abstinence from all drugs, as a client often falls back on a secondary drug, which then becomes problematic.

Replacement substances should not be allowed, as they only encourage dependence in some form.

66.

Which of the following is the BEST overall definition of *half-life* as it relates to substance use?

The time it takes for a substance's concentration in the blood to drop 50% from peak

The time it takes for a substance's concentration in the brain to drop 50% from peak

The time it takes for a substance's concentration in the blood to drop 25% from peak

The time it takes for a substance's concentration in the brain to drop 25% from peak

Correct answer: The time it takes for a substance's concentration in the blood to drop 50% from peak

Half-life as it relates to substance use is a critical issue to understand because it directly relates to how behavior and physiology can be affected by various concentrations of a substance in the body. Strictly speaking, half-life in a substance-use context refers to the time it takes for a substance's concentration in the blood to drop 50% from peak, usually based on the initial concentration in the blood.

67.

What does *psychoactive* mean in the context of substance use?

Any substance that acutely alters mood and mental state

Any substance that permanently alters mood and mental state

Any substance that temporarily alters mood and mental state

Any artificial substance that acutely alters mood and mental state

Correct answer: Any substance that acutely alters mood and mental state

The term psychoactive in substance use describes any substance that acutely alters mood and mental state. The substance need not be artificial, as many such substances are wholly or mostly natural in origin. Nor must the substance in question permanently or temporarily alter the mood and mental state; of concern is not the duration but the fact of acute change.

68.

What is meant by saying "all opioids exhibit cross-tolerance"?

Opioids can be substituted for other opioids to prevent withdrawal symptoms

People who use other substances are more susceptible to opioid problems

People who use alcohol are more susceptible to opioid problems

Opioids are so similar chemically that they have identical effects

Correct answer: Opioids can be substituted for other opioids to prevent withdrawal symptoms

Cross-tolerance means that one drug, such as an opioid, is similar to another drug in its tolerance effect, usually within the same class. As a result, tolerance is similar in one individual to such cross-tolerant drugs; i.e., if an opioid user is threatened by withdrawal symptoms, they can most likely use another opioid to avoid withdrawal symptoms.

People who use one substance may or may not be more susceptible to problems with other drugs, and effects in cross-tolerant substances are not necessarily identical.

69.

Why is the use of stimulants to treat depression and obesity controversial?

Stimulants are not effective long-term treatments for either problem

Stimulants are known to make both problems meaningfully worse in some individuals

Stimulants have a worse side-effect profile than other medications used for these conditions

Stimulants cannot be safely administered in the quantities needed

Correct answer: Stimulants are not effective long-term treatments for either problem

It has been a practice to attempt the treatment of obesity and depression with stimulant medications such as Provigil. Though the addiction potential of these substances can be mitigated with proper clinical supervision, they do not appear to be effective long-term treatments for either depression or obesity. These drugs do not appear to make the issues worse, as they can provide stimulation in the case of depression or appetite suppression in the case of obesity; however, the most effective treatments for either problem seem to be a combination of pharmaceutical and behavioral interventions.

70.

Which of the following is FALSE about the use of ketamine to treat depression?

Ketamine can be used to treat any depression lasting longer than six months

Ketamine is administered intranasally under medical supervision

Ketamine acts within hours to relieve depressive symptoms

Ketamine was approved to treat depression in 2019

Correct answer: Ketamine can be used to treat any depression lasting longer than six months

In March 2019, ketamine was approved for use in treating treatment-resistant depression. If at least two antidepressant therapies have been tried and have failed, ketamine can be administered intranasally under close medical supervision. Ketamine acts quickly, within a matter of hours, to relieve symptoms.

This newly approved use is in addition to ketamine's established use as a pain reliever in humans and animals.

71.

Which seems MORE important to substance users: experiencing euphoria or numbing emotional pain?

Numbing emotional pain

Euphoria

Both are equally important to users

Neither is especially important to users

Correct answers: Numbing emotional pain

Substance users use substances for many reasons, which are as idiosyncratic as the effects of drugs on individual users. However, the drive to instantly change mood seems more important to substance users than the euphoria of drug experience, if it occurs at all. In fact, euphoria tends to diminish in the use of many drugs over time, while the desire to use to offset undesirable internal affect states remains.

72.

What is the major symptom of stimulant withdrawal syndrome that requires detoxification?

There is no such stimulant withdrawal syndrome

Cardiac arrhythmia

Toxic psychosis

Kindling

Correct answer: There is no such stimulant withdrawal syndrome

With some substances, such as alcohol, an acute withdrawal syndrome may manifest and require intervention to avoid potentially life-threatening outcomes. However, there is no such syndrome for users of stimulant withdrawal. This is not to say that a withdrawal of sorts does not take place, including dysphoria and agitation, but it is more properly understood as a "crash" that does not require pharmaceutical intervention to manage.

Cardiac arrhythmia and toxic psychosis are side effects of high doses of stimulants in some users but do not constitute a withdrawal syndrome per se. Kindling is seizure activity that may take place at what would normally be considered a safe dose of the drug.

73.

When do most recurrences of use occur after a period of abstinence has been established?

Within three to six months

Within two to four months

Within one year

Within one to two weeks

Correct answer: Within three to six months

In the terminology of substance-use treatment, recurrence indicates a return to substance-use disorder symptoms, including use itself, after a period of abstinence has been established. In most cases, this return takes place within three to six months after establishment of stable abstinence.

74.

When do traumatic issues emerge during substance-use treatment?

They may emerge at any time

As sobriety takes hold

As substance use stops

As ambivalence is worked through

Correct answer: They may emerge at any time

There is no specific time when traumatic issues related to early life emerge during substance-use treatment. The time when they emerge is a highly individual matter governed by a number of factors, including timing, life circumstances, age, and state of sobriety. The counselor must therefore be ready to deal with these issues as they emerge and find a way to help the client manage the complicated feelings associated with trauma so that substance-use treatment can continue.

75.

Which of the following is the most prevalent pharmacological effect of inhalants?

CNS depression

CNS stimulation

Muscular stimulation

Sensory deactivation

Correct answer: CNS depression

In terms of main pharmacological effect, inhalants closely match alcohol as CNS depressants. These effects include disinhibition of greater intensity but shorter duration than alcohol. A short burst of euphoria quickly recedes, leaving other effects, such as slurred speech, dizziness, and poor motor coordination.

Inhalants are generally not CNS stimulants, like methamphetamine. They do not stimulate muscles or deactivate senses per se.

76.

What does *rush* refer to in the context of opioid use?

Opioid-induced euphoria

Opioid-induced withdrawal

Opioid-induced psychosis

Opioid-induced anhedonia

Correct answer: Opioid-induced euphoria

Specialized terminology is often used to describe various kinds of substance use. In the context of opioid use, the rush is the initial euphoria brought about by use of the opioid and is highly relative to various factors, such as the route of drug administration. Intravenous administration and smoking are considered the fastest routes, while intranasal and oral administration take longer.

Withdrawal is the body's adjustment to not having the substance, psychosis is a lack of reality testing, and anhedonia is a lack of pleasure.

77.

To which two substances is MDMA most chemically similar?

Methamphetamine and mescaline

Methamphetamine and alcohol

Cannabis and alcohol

Cannabis and benzodiazepines

Correct answer: Methamphetamine and mescaline

MDMA (3, 4 methylenedioxymethamphetamine) is similar in its chemical structure to methamphetamine and mescaline. As one might expect from this similarity, MDMA produces a combination of stimulant and hallucinogenic effects in most users. The hallucinogenic effects usually seem much more mild than those experienced when using pure hallucinogens, such as LSD and mescaline.

MDMA is not chemically similar to alcohol, cannabis, or benzodiazepines, so it does not produce the same range of effects as these substances.

78.

What exactly is a *drink* according to the NIAAA?

Any beverage containing 12 grams of ethyl alcohol

Any beverage containing 8 grams of ethyl alcohol

Any beverage containing any amount of ethyl alcohol

Any beverage containing 4 grams of ethyl alcohol

Correct answer: Any beverage containing 12 grams of ethyl alcohol

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a drink is any beverage containing 12 grams of ethyl alcohol, approximately equal to a 5-ounce glass of wine or a 1.5-ounce shot of hard liquor. A strict definition is often needed to give clients and counselors a common unit of measurement to gauge use.

79.

Which of the following is MOST congruent with a harm reduction strategy?

Meeting a client where they are

Establishing abstinence first

Involving legal authorities

Confronting the client immediately about sobriety

Correct answer: Meeting a client where they are

Harm reduction is the general perspective in substance-use treatment that seeks to mitigate the damage of substance use by meeting the client where they are rather than insisting on early abstinence. For example, a client might be encouraged to limit their drinking rather than end it altogether if this will result in immediate risk reduction that can be reliably maintained.

Generally speaking, outside of a few narrowly defined circumstances, such as imminent harm, involving legal authorities is not done in substance-use treatment. Confronting the client about sobriety immediately is more characteristic of older models of treatment that are contrary to the idea of harm reduction.

80.

Generally speaking, how do contextual factors influence substance use?

Contextual factors tend to encourage substance use

Contextual factors tend to discourage substance use

Contextual factors are canceled out by personal factors

Contextual factors tend to encourage dangerous use

Correct answer: Contextual factors tend to encourage substance use

Though there are variations in individual experiences of culture, the contextual factors of family, society, and advertising culture mostly encourage substance use. Particularly with respect to alcohol, substance use is broadly encouraged by media, advertising, entertainment culture, and peer groups. This is significant, as along with the contextual factors encouraging use, there is comparatively little information about consequences or caution.

It seems that use is encouraged, and not particularly dangerous use. In some cases, personal factors may cancel out a larger context, but the cultural messages about substance use tend to be mostly encouraging.

81.

Which of the following is the most often used comparison with opioid withdrawal?

Opioid withdrawal is similar to the flu

Opioid withdrawal is similar to pneumonia

Opioid withdrawal is similar to panic disorder

Opioid withdrawal is similar to chronic fatigue

Correct answer: Opioid withdrawal is similar to the flu

Opioid withdrawal is characterized by an array of symptoms that can closely resemble the flu, such as runny nose, low energy, irritability, chills, diarrhea, and vomiting.

Opioid withdrawal is less similar to the symptoms of pneumonia, panic disorder, or chronic fatigue.

82.

How do drugs such as Revia, Campral, and Topamax help control drinking?

By offsetting changes in the brain caused by alcohol

By changing the kind of neurotransmitters used when drinking

By altering body chemistry to make drinking less desirable

By inducing intense discomfort when drinking occurs

Correct answer: By offsetting changes in the brain caused by alcohol

Clients in substance-use treatment often benefit from medications that reduce the likelihood of heavy drinking and in turn help them achieve moderation and/or abstinence. Such medications include Revia, Campral, and Topamax. The action of these medications is mainly to offset changes in the brain caused by alcohol. Other drugs, such as Antabuse, induce discomfort when drinking occurs.

83.

Which of the following is LEAST commonly used as an inhalant?

Concentrated fragrance

Nitrous oxide gas

Room deodorizers

Gasoline

Correct answer: Concentrated fragrance

Though the users of inhalants are notoriously indiscriminating, a concentrated fragrance such as that found in a bottle of perfume without propellant would be an unlikely choice, as it contains no chemical propellant to promote intoxication. Chemical propellants such as those in room deodorizers and computer keyboard cleaner are a common choice among inhalant users, as are nitrous oxide gas and gasoline.

84.

What is meant by the concept of drug substitution?

Substituting the use of a secondary drug for the primary drug of choice

Substituting the use of a drug for a relationship

Using the drug of choice as a proxy for family issues

Using the drug of choice to assume a "sick role"

Correct answer: Substituting the use of a secondary drug for the primary drug of choice

In substance use treatment, drug substitution is the substitution of one drug for another, usually because one drug is the issue of organized treatment. For instance, a user of alcohol may indeed stop using alcohol while being treated for an alcohol problem, only to use heroin or another substance as a substitute.

The term does not refer to use of a drug to substitute for a relationship, as a proxy for family issues, or to assume a "sick role," though these are behavioral phenomena known to occur in many types of substance use.

85.

How long does it take for symptoms of alcohol withdrawal to manifest?

24–48 hours after the last drink

Almost immediately after the last drink

12–24 hours after the last drink

6–12 hours after the last drink

Correct answer: 24–48 hours after the last drink

Alcohol withdrawal symptoms generally begin 24–48 hours after the last drink. These symptoms can be as severe as seizures or as mild as anxiety and tremors. In its most acute phase, alcohol withdrawal in heavy users can be deadly.

86.

How significant are expectational factors in the experience of substance effects?

Expectational factors can significantly influence the effects of psychoactive substances

Expectational factors cannot significantly influence the effects of psychoactive substances

Most of the effects of psychoactive substances are expectational in nature

None of the effects of psychoactive substances are expectational in nature

Correct answer: Expectational factors can significantly influence the effects of psychoactive substances

The state of mind one has when using psychoactive substances can significantly alter the effects of those substances. For instance, in one experiment, the experimental group was given a placebo instead of alcohol and reported having a similar experience to those using real alcohol. This effect seems to be much stronger for users who are naive to a given substance.

The non-placebo effect of psychoactive substances is mostly derived from their chemical effects and their interaction with a given person's body chemistry.

87.

Which of the following ACCURATELY describes the passage of time from the point of view of a cannabis user?

It appears to go more slowly

It appears to go by much more quickly

Cannabis has no effect on perception of time

The effect of cannabis on perception of time is highly variable

Correct answer: It appears to go more slowly

Among the psychoactive effects of using cannabis is that time seems to go by more slowly, and minutes may seem like hours. Though the effects of cannabis can be highly variable from user to user, faster passage of time is not often noted among cannabis users.

88.

Which of the following is NOT an effect of high doses of cocaine and/or methamphetamine?

Anhedonia

Seizure

Death

Respiratory failure

Correct answer: Anhedonia

The use of high doses of cocaine and/or methamphetamine is associated with seizure, respiratory failure, heart arrhythmia, and death.

Anhedonia, the loss of ability to feel pleasure, is more closely associated with the use of opioids.

89.

What is the effect of alcohol on organ systems?

Damage associated with heavy use

Damage associated with any use

Damage associated with alcohol type

Damage associated with moderate use

Correct answer: Damage associated with heavy use

No matter the specific type of alcohol involved, heavy use of alcohol is associated with damage to multiple organ systems, such as the hepatic, pancreatic, esophageal, cardiovascular, and endocrine systems. A high incidence of cancer of the mouth, larynx, esophagus, and liver is also noted with chronic use of alcohol.

90.

Which of the following is TRUE about the similarity between a lifelong health condition such as diabetes and chronic substance use?

The client must take ownership of their disease

Consequences of noncompliance with treatment are usually fatal

Health providers are responsible for condition management

No long-term health management skills are necessary

Correct answer: The client must take ownership of their disease

Recovery from and management of chronic, long-term substance use is often likened to the management of a chronic disease condition, such as diabetes. Though health professionals have a role to play in guiding and shaping recovery plans and providing clinical information to support the client, the client themselves must take ownership of their disease. As in the case of conditions such as diabetes, consequences for noncompliance with treatment plans may or may not be fatal, but the client will have to develop long-term skills to manage their condition and its consequences.

91.

Which of the following would be a cognitive warning sign of relapse?

Justifying a relapse

Chronic pain

Unremitting post-acute withdrawal syndrome

Intense cravings and urges

Correct answer: Justifying a relapse

In considering how relapse occurs, it is possible to outline various risk factors just as it is possible to do so in the case of initial development of drug or alcohol problems. These risk factors can be physiological, as in the case of chronic pain, unremitting post-acute withdrawal syndrome, or intense cravings and urges. Cognitive risk factors, on the other hand, arise from the internal mental process of a person with these problems, such as justifying a relapse or rationalizing use.

92.

Which of the following characterizes the main similarity among "club drugs"?

The circumstances under which they are used

Their chemical composition

Their general appearance

Their addictive potential

Correct answer: The circumstances under which they are used

"Club drugs" as a class have little in common except for the circumstances under which they are used. As the name implies, these drugs are most often used to enhance experiences at dance clubs, after-hours venues, raves, concerts, and bars. They are manufactured illegally in many cases, leading to wide variety in their composition, lethality, and psychogenic effects. These drugs can have different appearances even within the same substance, as they can be ingested in the form of pills, powders, tablets, or capsules. The addictive potential of club drugs is not constant and depends on a number of social, genetic, and chemical variables.

93.

Which of the following MOST accurately represents the modern view of substance-use disorders?

They exist on a continuum in individuals

They are either "on" or "off" in individuals

They are single-episode, short-term problems

They are multiple-episode, long-term problems

Correct answer: They exist on a continuum in individuals

The modern thinking about substance-use disorders, as opposed to the previous common view, is that substance-use disorders exist in various dimensions along continua in individuals. Such things as control, risky use, and severity of consequences are highly variable in individuals during the span of a person's substance-use involvement. This is contrary to earlier opinion that held substance-use disorders are either "on" or "off" in individuals.

Among the variable areas are the duration and timing of disorders. Substance-use disorders in individuals can be single-episode, short-term, multiple-episode, long-term, or lifelong issues.

94.

Which of the following is the best definition of a risk factor for substance use?

A situational or dispositional factor that contributes to the likelihood that a person will use

A dispositional factor that contributes to the likelihood that a person will use

A situational factor that contributes to the likelihood that a person will use

A set of consequences that accrue to a person who is using

Correct answer: A situational or dispositional factor that contributes to the likelihood that a person will use

Risk factors are situational, dispositional, or even genetic factors that contribute to the likelihood that a person will use a substance. These factors are widely distributed and include stress, trauma, other mental health diagnoses, and significant life events or transitions.

Though consequences can be risk factors for use, they are not the only things that constitute risk factors.

95.

Which of the following corresponds to the way substance-use clients have historically been perceived by providers?

Resistant, impulsive, and noncompliant

Assertive, knowledgeable, and reliable

Violent, disruptive, and hostile

Balanced, forgiving, and idiosyncratic

Correct answer: Resistant, impulsive, and noncompliant

Historically, many providers have been reluctant to serve substance-using clients due to their perceived resistance, impulsiveness, and noncompliance. This has resulted in the population being underserved by providers who have much of the basic skill set necessary to assist them. The negative stereotypes tend to be self-fulfilling in clients.

The other answers do not describe the major historical bias against substance-using clients.

96.

What is the difference between an opioid and an opiate?

An opiate is derived from the poppy plant

An opioid is derived from the poppy plant

The terms are used interchangeably in the literature

An opiate is any mood-altering substance

Correct answer: An opiate is derived from the poppy plant

There is a difference between an opiate and an opioid. An opiate is a drug derived directly from the poppy plant, such as opium, morphine, or codeine. An opioid may be an opiate or a synthetic opioid, such as fentanyl, methadone, or buprenorphine. Synthetic opioids are made in a laboratory, affect the same brain regions as natural opioids, and have the same types of effects. Both opiates and synthetic opioids have a range of effects that are similar to morphine, which is the reference standard for the measurement of effects of all opioids. Opiate and opioid are not used interchangeably in the literature, and neither refers to mood-altering substances as a whole.

97.

Are the behavioral changes that occur due to alcohol intoxication dose-dependent?

Yes, in all circumstances

No, under no circumstances

Yes, in cases of chronic use

No, unless dosage exceeds two drinks in a 24-hour period

Correct answer: Yes, in all circumstances

Behavioral changes that accompany alcohol intoxication are mostly due to dosage and intake. In other words, the more a person drinks, the more their behavior is likely to change.

This dose-dependent nature of behavioral changes is not present only in cases of chronic use or in situations in which dosage exceeds a certain amount.

98.

Which of the following has effects MOST similar to those of PCP?

Ketamine

Cannabis

LSD

Alcohol

Correct answer: Ketamine

PCP (phencyclidine) is similar in its effects to ketamine, though PCP lasts longer and is much more powerful. PCP produces a sense of dissociation and a trancelike state. It has other effects as well, including agitation and dysphoria.

The effects of PCP are not like those of cannabis, LSD, and alcohol, which do not produce dissociation or the same kind of trancelike effects.

99.

Which of the following best summarizes the idea of the "pink cloud"?

A drug treatment honeymoon period

A relapse into controlled use

A period of intoxication during recovery

A delusional matrix caused by substance use

Correct answer: A drug treatment honeymoon period

One of the dangers of early recovery is the "pink cloud," or the sense of being cured that comes to many people in substance-use treatment as they begin to reap the benefits to body and mind from early abstinence. It may lead clients to believe they no longer need treatment or to engage in risky behavior related to use because of the mistaken belief that such use would not be risky in light of their recovery.

Definitionally, a relapse is not controlled use; a period of intoxication during recovery is a separate matter to deal with in treatment. The pink cloud is not a delusion per se, nor is it caused by substance use.
