

IC&RC ADC - Quiz Questions with Answers

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

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1.

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.

2.

What happens to the buoyant mood of alcohol use as dosage increases?

As dosage increases, buoyant mood decreases

As dosage increases, buoyant mood increases

As dosage increases, buoyant mood remains the same

Buoyant mood is not relative to alcohol dosage

Correct answer: As dosage increases, buoyant mood decreases

A well-known use of alcohol is to lift one's mood. However, as dosage increases, the buoyant mood of the user decreases as psychomotor functioning becomes more and more impaired. A hallmark of alcohol dependence is continued use after the positive effects have ceased.

3.

How do the sexual side effects of methamphetamine compare to those of cocaine?

They are more intense and longer lasting

They are less intense and of shorter duration

They are generally the same as those of cocaine

In contrast to cocaine, methamphetamine depresses overall sexual desire

Correct answer: They are more intense and longer lasting

Both cocaine and methamphetamine often produce hypersexual side effects in users. In both cases, users engage in sexual practices that are much more high-risk than they would normally, in addition to potentially engaging in binges of sex and drug use together. However, in contrast to those of cocaine, the sexual side effects of methamphetamine tend to be more intense and longer lasting. The scope of these behaviors is also broader than those associated with cocaine.

4.

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.

5.

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.

6.

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.

7.

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.

8.

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.

9.

Which of the following is NOT a common effect of cannabis ingestion?

Violent hostility

Tachycardia

Dry mouth

Elevated blood pressure

Correct answer: Violent hostility

Cannabis ingestion has many idiosyncratic side effects in the user. These may appear in differential proportion or not at all depending on a multiplicity of factors, including the type of cannabis smoked, its THC concentration, and the experience of the user. Physical side effects can include tachycardia (rapid heartbeat), dry mouth, and elevated blood pressure.

Violent hostility is relatively unknown among users of cannabis, though it can appear as a side effect of toxic psychosis among stimulant users.

10.

What is the difference between a slip and a relapse?

A slip is a single-use event, while a relapse is a series of uses with associated consequences

A relapse is a single-use event, while a slip is a short series of uses

A slip involves greater consequences than a relapse

A relapse takes place early in treatment, while a slip occurs after the client has recovered from substance use

Correct answer: A slip is a single-use event

In the terminology of substance-use treatment, a slip is distinguished from a full-on relapse. A slip is a single-use event whose consequences are minimal. A relapse is the full course of multiple uses in addition to the array of associated consequences for the client's functioning and status. Both relapses and slips can take place early in treatment.

11.

Which of the following has the shortest half-life?

Heroin

Methadone

Methamphetamine

Diazepam

Correct answer: Heroin

Half-life is the time it takes for a drug's concentration in the bloodstream to drop below 50% from peak concentration. Substances such as heroin have a relatively short half-life (measured in minutes), while methadone, methamphetamine, and diazepam (Valium) persist for hours.

12.

Which of the following is TRUE regarding transference and countertransference in substance-use treatment?

Both transference and countertransference are common in early treatment

Transference is common in early treatment

Countertransference is common in early treatment

Transference indicates an ethical violation at any time in treatment

Correct answer: Both transference and countertransference are common in early treatment

First discussed by Sigmund Freud in psychodynamic therapy, transference and countertransference are very common in the early phase of treatment. They do not represent an ethical violation by themselves or in combination, and they are somewhat natural and expected in any kind of counseling. Transference refers to the "extra" feelings that a client brings to treatment, and countertransference is the same on the part of the therapist. In both cases, the extra feelings can be useful if openly examined, though transference is much more often discussed openly than countertransference.

13.

Which of the following is generally TRUE about the family relationships of those who have substance-use problems?

Their family relationships tend to be characterized by poor boundaries

Their family relationships tend to be characterized by abandonment

Their family relationships tend to be characterized by wide age gaps between siblings

Their family relationships tend to be characterized by absent parenting

Correct answer: Their family relationships tend to be characterized by poor boundaries

Generally speaking, persons who develop substance-use issues tend to come from families in which boundaries are poor. Often this is reflected in enmeshment, which spills over into other relationships in their lives. Boundary and dependency issues tend to pursue persons with substance-use issues throughout their lives based on their experiences in their family of origin.

Though abandonment and absent parenting can definitely contribute to poor development and to the onset of substance-use issues, overall a more accurate characterization relates to poor boundaries in the families of origin of those with substance-use issues. There is no generally accurate characterization of substance-using persons based on the timing of sibling birth.

14.

Which of the following is the BEST way to manage relapse triggers?

Inventory the triggers and develop a specific action plan

Record the triggers after they have resulted in a relapse

Avoid any identified triggers

Change one's life to rule out any potential triggers

Correct answer: Inventory the triggers and develop a specific action plan

Nearly every patient seeking support for a substance-use issue is prone to relapse, particularly at the beginning of their treatment, when abstinence is a new endeavor. The best overall strategy for dealing with triggers is first to identify them in detail before a relapse occurs and then to develop a specific action plan to deal with each trigger. In this way, a client does not feel helpless in the face of overwhelming desire to use.

It is likely not possible to avoid all identified triggers, even at the cost of overturning one's life to rule out any potential triggers. Identifying triggers after they have resulted in a relapse is too late to help the client avoid relapse.

15.

Which of the following is a "speedball"?

Mixing cocaine and heroin in the same syringe

Mixing cocaine and methamphetamine in the same syringe

Smoking cocaine and cannabis together

Smoking cocaine and methamphetamine together

Correct answer: Mixing cocaine and heroin in the same syringe

A "speedball" is a method of administering cocaine and heroin at the same time intravenously. The goal is to mitigate the effects of one drug with the other and to enhance the euphoria of both drugs by combined administration. The practice is dangerous for a variety of reasons, mostly having to do with dose concentration, the possible presence of additives in one or both drugs, and the risk associated with IV drug use in general.

While the other combinations may have street names, they are not as well known and are not called a speedball.

16.

Which of the following corresponds to the progress of cravings?

They build to a peak, stay at peak for a short time, and drop off

They build to a peak and stay at peak until use occurs

They build to a peak and quickly drop off

They build to a peak, recede, and immediately begin again until use occurs

Correct answer: They build to a peak, stay at peak for a short time, and drop off

Cravings are a natural and expected part of treatment for substance use. The normal course of a craving is a build to a peak, a short stay in the peak craving state, then a drop in intensity. There is some variability by individual, but the expected course as described means that, if properly managed, cravings can be waited out. Cravings do not inevitably have to end in use; in fact, the more they do not end in use, the easier the next craving will be to handle.

17.

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.

18.

Which of the following markedly increases the possibility of death in users of GHB?

Alcohol

Cannabis

Stimulants

Hallucinogens

Correct answer: Alcohol

GHB (gamma-hydroxybutyrate) is a "club drug" often used to enhance social effects among users in entertainment environments. Used alone, it can be toxic in large enough doses, leading to sedation including sleep and even to coma and death. But when it's mixed with alcohol, the danger of death by fatal sedation increases dramatically.

Cannabis, stimulants, and hallucinogens do not enhance the potentially fatal sedation effects of GHB.

19.

Generally speaking, what is the first treatment goal for patients with concurrent substance use and another psychiatric disorder?

Remission of both problem areas

Remission of the substance-use problem

Remission of the non-substance problem

Stabilization on psychotropic medication

Correct answer: Remission of both problem areas

Clients often present with concurrent substance use and another psychiatric problem at the same time. In these cases, it is best to establish treatment goals that seek remission of both problem areas to restore stability of function. Leaving one problem out of the initial goal-setting process runs counter to the general clinical understanding at this time that to treat the substance use problem, one should also take on any other major issue at the same time to prevent partial and fragile remission.

Stabilization on psychotropic medication may or may not be necessary; goal-setting still calls for the treatment of both major issues simultaneously.

20.

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.

21.

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.

22.

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.

23.

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.

24.

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.

25.

What was the initial clinical purpose of barbiturates?

To treat anxiety and insomnia

To treat complications in childbirth

To treat depression

To block homicidal thoughts

Correct answer: To treat anxiety and insomnia

Barbiturates were first clinically introduced in the early part of the last century. At that time, their intended clinical purpose was to aid in the management of anxiety and insomnia. Over time, indications for use became highly complicated as users often paired them dangerously with alcohol, which is often lethal.

To treat complications in childbirth, address depression, or block homicidal thinking, other drugs have been used, such as hormone therapy, antidepressants, and antipsychotics.

26.

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.

27.

Which of the following correctly describes the harm reduction approach to abstinence?

Abstinence is the eventual goal

Abstinence is impossible

Abstinence is unreachable by most users

Abstinence does not work

Correct answer: Abstinence is the eventual goal

Harm reduction approaches to abstinence identify abstinence as the eventual preferred goal of treatment; however, these approaches recognize that the path to abstinence may be differently timed for different users. Harm reduction in general suggests that abstinence should not be an all-or-nothing equation, meaning many users who cannot currently achieve full abstinence can get there through a staged process that mitigates the worst consequences of substance use.

The harm reduction approach does not identify abstinence as impossible or unattainable by most users.

28.

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.

29.

Which of the following is TRUE about diagnosis of patients who engage in risky substance use?

Most do not meet clinical criteria for diagnosis of a substance-use disorder

They definitionally meet clinical criteria for diagnosis of a substance-use disorder

They most often meet clinical criteria for diagnosis of a substance-use disorder

Most never seek treatment for their substance-use disorder

Correct answer: Most do not meet clinical criteria for diagnosis of a substance-use disorder

Diagnosis of substance-use disorders according to clinical criteria does not capture the whole picture of use. In fact, most people who engage in problematic or risky use do not meet the criteria for clinical diagnosis of substance-use disorder. This insight has led to treatment options that meet the client and the problem where they currently are, as many people who do not meet clinical criteria for substance-use disorder still need help that clinicians can provide in structured ways.

30.

Which of the following is NOT a category of pharmaceutical action for opioids?

Partial antagonist

Pure agonist

Pure antagonist

Partial agonist

Correct answer: Partial antagonist

In terms of pharmaceutical action, an agonist is a substance that initiates action when encountering a receptor. An antagonist, conversely, blocks the activation of a receptor site. Opiates are classified as pure agonists (heroin, methadone), pure antagonists (naloxone, naltrexone), or partial agonists (buprenorphine). These classifications are significant for the treatment of pure agonist addiction through the use of antagonist or partial agonist medication.

Partial antagonist is not a recognized category of pharmaceutical action in this regard.

31.

What does it mean for a user to become refractory to euphoria and other pleasurable psychoactive effects of a drug?

The user no longer feels these effects

The user feels these effects at a heightened level

The user's experience of these effects reverses

The user no longer cares about these effects

Correct answer: The user no longer feels these effects

Becoming refractory to euphoria and other pleasurable psychoactive effects of a drug indicates that the user no longer feels these effects. For example, becoming refractory to positive effects often takes place in the context of high-dose, chronic methamphetamine or cocaine use, which does not change no matter how much of the drug is then used to compensate for the loss of effects.

The user may or may not care about the effects of the drug.

32.

How is PCP most commonly administered?

Smoking

Injection

Eating

Snorting

Correct answer: Smoking

Though it has a variety of possible ways to enter the body, PCP is usually created in the form of a powder, which is then sprinkled on tobacco cigarettes or cannabis and smoked to experience its effects. It can be swallowed in pill form or snorted, though these are far less common. PCP is not generally administered intravenously.

33.

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.

34.

What is the legitimate medical use of ketamine?

Anesthetic

Eye medication

Immunosuppressant

Antihistamine

Correct answer: Anesthetic

Ketamine is often used illicitly as a "club drug" in the same way as GHB and MDMA: to enhance the pleasurable feeling of activities in entertainment venues. However, unlike other club drugs, ketamine has been prescribed as an anesthetic, particularly for animals, since the 1970s and is still indicated for this use. In 2019, ketamine was approved for use to resolve treatment-resistant depression.

Ketamine is not used as an eye medication, an immunosuppressant, or an antihistamine.

35.

Is "all or none" thinking useful to clients in recovery?

Yes, in early recovery

No, under no circumstances

Yes, in late recovery

No, unless the client has a co-occurring disorder

Correct answer: Yes, in early recovery

Substance using clients often present an "all or nothing" attitude in recovery, meaning they express an ironclad, no-compromise, fairly rigid perspective on their recovery. In early recovery, this can be useful because it can help a client maintain focus and dedication to abstinence. However, as time goes on, they will need a greater tolerance of ambiguity as life presents complexity and challenges that cannot be well managed by such a perspective.

The presence of a co-occurring disorder is not necessarily a factor in this perspective; it is still more useful in early treatment and recovery.

36.

What is the difference between *abstinence* and *recovery* in substance-use treatment?

Recovery refers to overall progress, while *abstinence* has a more specific definition

Abstinence refers to overall progress, while *recovery* has a more specific definition

The terms are interchangeable

Neither term is part of current terminology in substance-use treatment

Correct answer: Recovery refers to overall progress, while abstinence has a more specific definition

Generally speaking, recovery is the more general progress made in substance-use treatment, including aspects such as quality of life, mood, and affect. Abstinence is specifically not using alcohol or drugs for a determined length of time. Both terms are currently used in substance-use treatment.

37.

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.

38.

Which of the following is the major contributing factor to worsening substance-use problems worldwide?

Purified and artificially synthesized drugs

Changes in societal attitudes toward drugs

Lack of appropriate legislation and enforcement

Media representations of substance use

Correct answer: Purified and artificially synthesized drugs

Though substance use has been known since the beginning of human history, its worsening in modern times can be attributed to modern processes of purification and synthesis, which have produced much more potent substances and made them far more generally available. While no doubt significant, the problems of societal attitudes, appropriate legislation and enforcement, and media representation are not as significant as advances in purification and synthesis of addictive chemicals.

39.

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.

40.

Why is impulse control so important for substance-use clients in recovery?

Relapse is often a function of impulse

Lack of impulse control implies psychosis

Medication is usually needed to manage impulse control

Lack of impulse control leads to violence

Correct answer: Relapse is often a function of impulse

Impulse control is a diagnostic matter all its own, in which the counselor should assess and understand the client's tendency to act impulsively. It is much more important for the client themselves to understand, as relapse is often a function of failed impulse control. For example, a client may suddenly feel the urge to have a drink after a bad day and in so doing take a step backward in their substance-use treatment.

Lack of impulse control does not generally imply psychosis or lead to violence on its own, nor is medication usually needed to manage impulses to use.

41.

Why is GHB difficult to detect in urine?

It is cleared rapidly from the body

It has no elements detectable in standard urine tests

It appears in urine test results as alcohol

It appears in urine test results as cannabis

Correct answer: It is cleared rapidly from the body

GHB (gamma-hydroxybutyrate), also known as G or liquid Ecstasy, is difficult to detect in standard urine panels because it is eliminated from the body rapidly (within two to five hours), so by the time testing is done, there is likely no substance left to be detected.

GHB can be detected in urine tests if the test is done inside its detectable window. It does not appear in urine tests as another substance.

42.

What is the general recommendation by providers to people with stimulant abuse problems related to caffeine consumption?

Use of caffeine is generally discouraged

Use of caffeine is generally encouraged

There is no special guidance for caffeine in this circumstance

Caffeine is prescribed in clinically measured doses

Correct answer: Use of caffeine is generally discouraged

Providers generally discourage users of stimulants from ingesting caffeine if their use has proceeded to a pathological level. This recommendation is usually given out of consideration that the effects of caffeine are similar to the effects of the stimulant and may trigger relapse; however, there is little research to support this advice.

Caffeine is sometimes prescribed, but not for substance-use issues; it can help manage symptoms of panic disorder and bipolar disorder.

43.

How many users of cannabis seek treatment for dependence?

Relatively few users of cannabis seek treatment

A high proportion of cannabis users seek treatment

Chronic users of cannabis often seek treatment for dependence

Casual users of cannabis often seek treatment for lingering psychoactive effects

Correct answer: Relatively few users of cannabis seek treatment

In proportion to users of other drugs, such as alcohol, users of cannabis who are dependent on the substance rarely seek treatment. There does seem to be a relatively long period of time between a pattern of cannabis use and the disruption of life in functional areas that would lead to seeking help, which is a likely partial cause. Many people use cannabis for decades with no visible evidence of life impairment.

When people seek help for cannabis dependence, it is generally not due to the drug's psychoactive effects but a result of unmanageable life circumstances.

44.

Which of the following is the MOST common initial cause of relapse?

Negative feelings and/or stressors

Positive feelings and/or situations

Residual guilt about substance use

Conflicted feelings about substance use

Correct answer: Negative feelings and/or stressors

The most common initial cause of relapse among substance-use-disordered clients is negative feelings and/or stressors. In many cases, these were managed by the substance of choice, which prompts the relapse in the client's attempt to manage those states.

Positive feelings and residual guilt about substance use might function as triggers; however, they are less common causes of relapse than negative feelings and/or stressors. Conflicted feelings about substance use are less a trigger than a factor in enrolling in substance-use treatment.

45.

Is simple delay an effective way of dealing with cravings?

Yes, as cravings are temporary

No, as the cravings will only worsen

Yes, if accompanied by proper medication

No, as the only way to deal with a craving is to use

Correct answer: Yes, as cravings are temporary

Cravings are a natural and expected part of substance-use treatment. They can seem overwhelming, especially in the earliest phases of treatment. There are many ways of managing cravings, but simple delay can be very effective. Most cravings will recede within 20–30 minutes if the client can find some means of delaying use.

Cravings will not worsen if gratification is delayed, but resistance to cravings may improve. Medication is not necessary to manage craving delay. Using to deal with cravings will make subsequent cravings harder to manage and compromise treatment.

46.

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.

47.

What is the difference between relapse and recurrence in substance-use treatment?

Relapse means returning to use before recovery; recurrence describes symptoms reemerging after sustained recovery

Recurrence means returning to use before recovery; relapse describes symptoms reemerging after sustained recovery

The terms are used interchangeably to describe the restart of drug use

Relapse means returning to use; recurrence is a return to non-pathological use

Correct answer: Relapse means returning to use; recurrence describes symptoms reemerging after sustained recovery

In the terminology of substance-use treatment, relapse indicates a return to use before recovery has been established. Recurrence is a return to symptoms, including use, after a period of sustained recovery has been established. The two phenomena are clinically different, and the treatment style will change depending on the client's recovery status. A return to non-pathological use does not require a clinical term for definition.

48.

Which of the following is TRUE about the effects of opioids?

Opioids can have opposite effects on energy level and mental state in different users

Opioids generally have the same effect on energy level and mental state in different users

Opioids appear to have random effects on energy level and mental state in different users

Opioids, except for heroin, have virtually identical effects on energy level and mental state in different users

Correct answer: Opioids can have opposite effects on energy level and mental state in different users

Though the acute physiological effects of opioids (pupillary constriction, slowed respiration, constipation) are relatively constant among users, opioids can have opposite effects on energy level and mental state in different users. Some users report drowsiness, confusion, and lethargy, while others report increased energy and productivity.

These effects are not random, and there is no special exception in this regard for heroin.

49.

Which of the following is the MOST common way cocaine binges end?

Physical exhaustion

Death

Unconsciousness due to hypoxia

Violent outbursts

Correct answer: Physical exhaustion

Among chronic users, cocaine binges can last for an indefinite amount of time. These binges can cost hundreds of thousands of dollars, involve a multitude of ancillary risks, and usually end with either physical exhaustion or the simple inability to pay for more cocaine.

Cocaine binges usually do not result in the death of participants or their unconsciousness due to hypoxia (as opioid binges can). Though violent outbursts can be part of cocaine intoxication and binges, they are not the way binges end.

50.

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.

51.

Which of the following describes the addictive potential of MDMA?

Physical dependence does not develop with repeated use

Physical dependence develops with repeated use

Physical dependence occurs instantly

Physical dependence is a function of individual body chemistry

Correct answer: Physical dependence does not develop with repeated use

MDMA (3, 4 methylenedioxymethamphetamine) is a "club drug" most commonly used by adolescents and young adults in environments such as dance clubs, raves, and concerts. It produces effects that are stimulant as well as mildly hallucinogenic. The usual usage pattern of MDMA is occasional and event-driven and rarely seems to result in compulsive daily use. Though its effects on any individual person are no doubt related to that person's individual body chemistry, physical dependence does not appear to develop with repeated use of MDMA.

52.

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.

53.

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.

54.

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.

55.

Which of the following is MOST accurate with respect to the hallucinations brought on by the use of LSD?

The hallucinations rarely manifest unrelated to the environment

The hallucinations manifest without reference to the environment

The hallucinations are a result of increased blood pressure

The hallucinations are a direct result of a stress response

Correct answer: The hallucinations rarely manifest unrelated to the environment

The hallucinations brought on by the use of LSD usually form in reference to objects, people, or other environmental factors. These hallucinations are rarely wholly original, without reference to environmental factors.

Hallucinations due to the use of LSD are not the result of increased blood pressure or specifically of stress; they are instead the product of abnormal connections between different regions of the brain.

56.

Which of the following is clients' MAIN worry about abstinence in treatment?

They will experience intolerable feelings

They will lose a social/recreational outlet

They will experience toxic reactions

They will jeopardize relationships

Correct answer: They will experience intolerable feelings

Clients who seek substance-use treatment have many fears about treatment in general; these fears can become acute when abstinence is suggested. Many clients fear abstinence because they believe the feelings that they have been medicating by using substances will be intolerable and painful. Though there is some onset of deferred feelings when abstinence has begun, these feelings tend to recede rapidly.

Clients also fear that they will lose social/recreational outlets, though not as much as they fear not being able to tolerate their emotions. The fear of toxic reaction may be present, but abstinence is unlikely to produce toxicity. A bit further down the list of concerns is the jeopardy to relationships that have substance use as a centerpiece. Most clients are more fearful of their own internal affective state.

57.

What is the main reason to establish abstinence immediately in treatment?

To prevent further harm

One should not establish abstinence immediately in treatment

To enhance rapport

To test readiness for treatment

Correct answer: To prevent further harm

As a first direction in the treatment of substance-use problems, establishing abstinence is essential to prevent further harm of the kind that caused the client to seek help in the first place, as well as to give a real diagnosis of possible non-substance-use issues. Establishing abstinence is not meant as a test of treatment readiness, nor is it expressly meant to enhance rapport.

58.

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.

59.

In the disease model, where is the locus of control?

With the client

With the clinician

With the substance being abused

Inside the therapeutic relationship

Correct answer: With the client

Locus of control is a term describing where the power to change comes from. In the disease model of substance-use treatment, the locus of control is assumed to be with the client, as they can choose abstinence. Ultimately, the disease model credits the client with the power to change their own situation.

The locus of control in the disease model does not rest with the clinician or the counseling relationship, though both are significant in establishing a framework for treatment. Though we might refer to a person as having lost control over their lives, it is not the substance itself that takes that control.

60.

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.

61.

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.

62.

According to the disease model, which of the following is true about return to "normal" use?

Once use has become uncontrolled, there can be no return to "normal" use

There is no such thing as "normal" use of addictive substances

"Normal" use can be reestablished through proper clinical intervention

"Normal" use is defined according to the client's current circumstances

Correct answer: Once use has become uncontrolled, there can be no return to "normal" use

The disease model is one way of looking at substance use as a complicated brain disease. It states that using drugs changes the brain in many ways with respect to substances. Thus, one of the main tenets of the disease model is the idea that once the border has been crossed between controlled and uncontrolled use, there can be no return to "normal" use.

"Normal" use can be defined variously for each individual but is not defined by current circumstances. The disease model does not state that "normal" substance use does not exist; rather, it states that a return to such use is not possible once a person's use has become uncontrolled.

63.

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.

64.

When are cravings strongest and most frequent?

In the first few days and weeks after stopping use

After abstinence has been firmly established

When environmental triggers are strongest

About six months after stopping use

Correct answer: In the first few days and weeks after stopping use

Cravings are a natural and expected part of substance-use treatment that should be directly engaged with, planned for, and used in the context of treatment. Cravings tend to be strongest in the first few days and weeks after stopping use as the body and mind adjust to not having the main reinforcer constantly present. They occur less after abstinence has been firmly established but are always a risk to some degree when environmental triggers are strongest.

65.

Does alcohol require digestion to take effect?

No

Yes

No, except in chronic alcoholism

Yes, except in chronic alcoholism

Correct answer: No

Alcohol operates directly from the GI tract and does not require digestion to have an effect. It is absorbed directly into the bloodstream, which is as true in chronic alcoholism as it is in naive use.

66.

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.

67.

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.

68.

What is the neurochemical transmitter most associated with methamphetamine intoxication?

Dopamine

Serotonin

GABA

Oxytocin

Correct answer: Dopamine

Methamphetamine creates an accumulation of dopamine in certain areas of the brain, which manifests to the user as euphoria and increased stimulation.

Serotonin and GABA do not appear to have a role in methamphetamine intoxication. Oxytocin does play a more oblique role in addiction by reinforcing social affiliation of use, learning, and memory associated with drug and alcohol use in general but is not the specific means by which the pleasurable effects of the drug are felt.

69.

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.

70.

Neurochemically speaking, how does Ecstasy work?

It stimulates the release of serotonin

It stimulates the release of dopamine

It stimulates the release of endorphins

It stimulates the release of adrenaline

Correct answer: It stimulates the release of serotonin

MDMA, also known as Molly or Ecstasy, induces a high that can last from minutes to hours. The neurochemical action of Ecstasy is to stimulate the release of serotonin. Its psychoactive effects are highly variable and have much to do with the dose, purity, and environment in which the drug is taken.

MDMA does not stimulate the release of dopamine, endorphins, or adrenaline as its main action. Dopamine can be produced by engaging in pleasurable activity, as can endorphins. The release of adrenaline is more tied to perceived threat states.

71.

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.

72.

How is the "club drug" GHB classified?

CNS depressant

Hallucinogen

Stimulant

Sedative

GHB (gamma-hydroxybutyrate), also called G or liquid Ecstasy, is a club drug often used in party environments to relieve anxiety, create relaxation, and deal with social anxiety. It is classified as a CNS depressant and can be produced as a liquid, powder, tablet, or capsule.

GHB is not a hallucinogen like LSD, a stimulant like methamphetamine, or a sedative like some opioids.

73.

From what does the panic anxiety experienced by many LSD users originate?

Fear that one will not return to a normal state

Normal neuropsychiatric stress adjustment

Adaption to frank hallucinations

Social anxiety exacerbated by psychoactive effects

Correct answer: Fear that one will not return to a normal state

In many users of LSD, a panic anxiety can occur in which a person fears that they will not return to their normal, pre-intoxication state of mind. This is an unfounded fear, as effects generally dissipate within eight to 12 hours and there is no withdrawal syndrome to speak of.

This effect is not part of a normal stress adjustment of any kind, as it is due to the ongoing effects of the drug. Frank hallucinations are typically not a feature of LSD intoxication, the psychoactive effects being more distortive than original. Social anxiety and sensitivity may be present in users, as substantial parts of their environment may undergo distortion, but the main source of panic anxiety among LSD users is the fear that they will never be free of the drug's effects after starting to feel them.

74.

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.

75.

What is the correlation, if any, between route of administration and tolerance?

The more rapid the route, the more rapid the development of tolerance

The less rapid the route, the more rapid the development of tolerance

The more rapid the route, the less rapid the development of tolerance

There is no explicit relationship between route and tolerance

Correct answer: The more rapid the route, the more rapid the development of tolerance

In general, for any substance of concern, the more rapid the route, the more quickly tolerance and compulsive use develop. For instance, smoking is a very fast route to the brain and is associated with more rapid tolerance than absorption through the skin.

76.

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.

77.

Why does it take THC up to 40 days to be eliminated from the body in chronic users?

THC is excreted slowly from fat cells

THC is excreted slowly from brain cells

THC is excreted slowly from blood cells

THC is excreted slowly from skin cells

Correct answer: THC is excreted slowly from fat cells

The active ingredient in cannabis, delta-9-tetrahydrocannabinol (THC), is eliminated slowly from the system in chronic users, sometimes taking up to 40 days. This is due to the fact that THC is stored in fat cells and is slowly excreted from them during this length of time.

THC is not stored in this way in brain cells, blood cells, or skin cells.

78.

What is the tolerance profile of cannabis?

Long-term heavy use results in substantial tolerance to psychoactive effects

Short-term heavy use results in substantial tolerance to psychoactive effects

Long-term casual use results in substantial tolerance to psychoactive effects

Short-term casual use results in substantial tolerance to psychoactive effects

Correct answer: Long-term heavy use results in substantial tolerance to psychoactive effects

Tolerance profiles vary by substance, pattern of use, personal biochemistry, and many other factors. In the case of cannabis/marijuana, in long-term use of low dosage, desirable psychoactive effects do not appear to diminish. However, in the case of long-term heavy use, tolerance to psychoactive effects seems to set in, and much more of the drug may become necessary to achieve the desired effect.

79.

Which of the following is NOT a category of alcohol consumption defined by the World Health Organization?

Age-related drinking

Low-risk drinking

Hazardous drinking

Harmful drinking

Correct answer: Age-related drinking

The World Health Organization (WHO) has recognized several categories of drinking, which are meant to help clients and therapists assess the nature of alcohol use in clients. These include low-risk drinking, hazardous drinking, and harmful drinking.

Age-related drinking is not defined as a risk category of alcohol consumption by the WHO.

80.

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.

81.

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.

82.

Which of the following is TRUE regarding drug dreams?

Drug dreams are more common in early recovery

Drug dreams are more common in late recovery

Drug dreams are quite common in any stage of recovery

Drug dreams generally indicate psychosis in late recovery

Correct answer: Drug dreams are more common in early recovery

Drug dreams are common among clients who are attempting to establish abstinence. They are not in themselves indicative of psychopathology beyond the substance-use problem. They should be discussed and processed in proportion to how the client has experienced them, as some clients are extremely distressed about them when they occur. If properly engaged with, they can yield valuable insights into the client's feelings regarding drug use and treatment.

83.

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.

84.

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.

85.

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.

86.

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.

87.

Which of the following is the main common effect of inhalants?

A short burst of euphoria

Slow-onset euphoria

Rapid-onset dissociation

Slow-onset dissociation

Correct answer: A short burst of euphoria

Though inhalant effects vary considerably, the effect most sought by users as the most common experience of use is a short burst of euphoria. Intoxication lasts only a few minutes in most circumstances, causing users to continue dosage into further unsafe use.

Though dissociation may occur, it is the short burst of euphoria that users seek out and that is most common. The effects of inhalants are generally rapid in onset and brief in duration.

88.

Which of the following is the LEAST likely symptom of using cocaine and other stimulants?

Hallucination

Euphoria

Irritability

Aphrodisiac effects

Correct answer: Hallucination

Users of stimulants report an array of symptoms, including euphoria, increased energy, and aphrodisiac effects. Though all drug effects are to some degree idiosyncratic, other effects include (particularly in chronic users) irritability and lethargy after a period of use.

Hallucination, though it does sometimes occur, is a much less reported effect of stimulant use.

89.

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.

90.

Which of the following is TRUE about relapse rates among those who continue to use secondary substances while not using their preferred drug of choice?

Their relapse rates tend to be much higher

Their relapse rates are about the same as in those who do not use a secondary substance

Their relapse rates tend to be somewhat lower

Their use of secondary substances tends to become problematic

Correct answer: Their relapse rates tend to be much higher

It is common for users of a primary substance who are attempting sobriety or are in remission to resort to the use of a secondary substance. The choice of the secondary substance can be highly variable. Though relapse may not be immediate, the research seems clear that in cases when a person uses a secondary substance to compensate for the loss of the first, relapse into the use of the primary substance tends to be much higher than if a secondary substance is not used at all. The use of the secondary substance may or may not become problematic in its own right.

91.

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.

92.

How serious are the health consequences of chronic cocaine use?

Serious health consequences of chronic cocaine use are relatively uncommon

Serious health consequences of chronic cocaine use are long-term in nature

Serious health consequences of chronic cocaine use are apparent immediately

Serious health consequences of chronic cocaine use are unknown

Correct answer: Serious health consequences of chronic cocaine use are relatively uncommon

In comparison with the effects of using other substances, serious health consequences of chronic cocaine use are relatively uncommon. Fatal reactions, though rare, do occur. There are complications for long-term cocaine users depending on route, such as sinus infection for nasal administration or chest congestion for smoking. However, in contrast with other substances, such as alcohol, cocaine less commonly comes with long-term effects.

93.

Which of the following represents the proper attitude of counselors toward relapse?

An avoidable mistake

An important failure

A recognized setback

A serious emergency

Correct answer: An avoidable mistake

Relapse is a very common part of substance-use treatment. It is not desirable, but when it occurs, the proper attitude is necessary to maximize its value in treatment. The best way for client and counselor to regard a relapse is as an avoidable mistake to be strategized and not repeated if possible. Dramatic overreaction is harmful to the overall process of treatment, so treating a relapse as an important failure or emergency is not the right path. A relapse is a setback of sorts but is better regarded as an avoidable mistake so that a strategy can be agreed on to avoid further relapse.

94.

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.

95.

Which of the following statements might be made by someone experiencing the abstinence violation effect?

"I obviously can't handle abstinence. I shouldn't be in treatment."

"I look forward to using when I finally can."

"I regret my past drug use and its consequences."

"I want to tell you about how I fantasize about using again."

Correct answer: "I obviously can't handle abstinence. I shouldn't be in treatment."

The Abstinence Violation Effect, or AVE, occurs when a person who has established some degree of control or abstinence has a slip or relapse and then becomes discouraged about their ability to continue treatment or to be abstinent under any circumstances. As the above statement indicates, this is a dramatic response to a common situation that can be dealt with effectively in treatment.

The other statements do not indicate this dramatic response to an instance of use and its implications for further treatment.

96.

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.

97.

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.

98.

Which of the following is CORRECT about the way substance use can mimic other mental disorders?

Long-term, chronic substance use can mimic almost any mental disorder

Substance use is easily distinguishable from other mental disorders in its chronic phase

Long-term, chronic substance use generally looks like a personality disorder

Long-term, chronic substance use generally looks like a mood disorder

Correct answer: Long-term, chronic substance use can mimic almost any mental disorder

Part of the reason substance use should be treated concurrently with other mental disorders is that substance use in a long-term, chronic presentation can mimic almost any mental disorder, including personality, mood, and psychotic disorders (or a combination). The relationship between substance use and mental illness is a complicated one in which the two can be so intertwined as to be nearly indistinguishable.

99.

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.
