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Question: 1

Heroin is commonly abused in all but one of the following ways:

- A. Sniffing/snorting
- B. Swallowing
- C. Smoking
- D. Injection

Answer: B

Explanation:

Swallowing. Although oral ingestion of heroin will produce a psychoactive effect, the bioavailability is only about 35%, and the protracted period of assimilation will not produce the intense 'rush' valued by abusers. Until recently, injecting heroin into a vein ("mainlining") was the most common method of abuse, with subcutaneous injections (-skin-popping") and intramuscular injections used if veins collapsed. etc. Now, with increased drug purity. the drug is more commonly smoked (as "black tar- heroin) and snorted (in crystalline powdered form). Irregular, recreational heroin use (called "chipping") typically occurs via "snorting."

Question: 2

Common health conditions associated with heroin abuse include all but one of the following:

- A. Vascular collapse: abscesses
- B. Respiratory and cardiac depression
- C. HIV infection (with needle sharing); heart infections; liver disease
- D. Retinopathy and glucose absorption impairment

Answer: D

Explanation:

Retinopathy and glucose absorption impairment. Although primary health changes brought about by heroin abuse may lead to a great variety of secondary ailments (including those presented here), these conditions are not normally associated primarily (i.e., proximally) with heroin abuse. Illicitly obtained heroin is often "cut" (diluted) with other substances. When the cutting agent is insoluble, clots and occlusions may result. Withdrawal symptoms may set in within hours. peak within 48—72 hours. and last about a week and include muscle and bone pain, restlessness, cravings. and vomiting. Overdose is characterized by respiratory and/or cardiac depression, convulsions. coma. and death.

Question: 3

Drugs of abuse may be grouped into pharmacological classes such as: 1) alcohol (beer, wine, liquor); 2) cannabis (marijuana, hashish); 3) depressants (benzodiazepines, barbiturates); 4) hallucinogens (LSD, mescaline/peyote); 5) narcotics (heroin, methadone, opium); and 6) stimulants (amphetamines, MDMA/Ecstasy). Please indicate below the proper pharmacological category for cocaine (including the free-based form, crack cocaine):

- A. Depressant
- B. Hallucinogen
- C. Narcotic
- D. Stimulant

Answer: D

Explanation:

Stimulant. In 1914, with the Harrison Drug Act, cocaine was erroneously classified, in the eyes of the law, as a narcotic (i.e., grouped with opium-derived depressants: see also the Controlled Substances Act of 1970). This legal designation was never revised, thus, identifying cocaine as a narcotic would be legally correct. However, pharmaceutically and psychoactively, cocaine is a stimulant; therefore, this would be the most correct answer from an abuse and rehabilitation perspective. Cocaine in its various forms is currently the most common illicitly used drug in the United States. Typically called simply -coke-, street names include: flake, snow, toot, blow, nose candy, lady, liquid lady (cocaine combined with alcohol), speedball (cocaine combined with heroin), and, in free-base form for smoking, it may be called crack rock, hard, iron, cavy, and 'base).

Question: 4

The most correct definition of a narcotic is:

- A. Any psychoactive drug that dulls the senses, has anesthetic properties, induces sleep, and, in excess, produces stupor, coma, or death
- B. Any legally restricted psychoactive drug, whether physiologically addictive and narcotic or not
- C. A group of strong pain medications that block opioid pain receptors
- D. A class of depressant drugs derived from opium or compounds related to opium

Answer: A

Explanation:

Any psychoactive drug that dulls the senses, has anesthetic properties, induces sleep, and, in excess, produces stupor, coma, or death. Although the term is commonly associated with the opioids (morphine, heroin, etc.) and is often used by law enforcement and others to refer to any government-controlled psychoactive substance, neither of these definitions is sufficient. Many experts suggest that the term remains ineffectually defined. Common high-potency (and usually injected) narcotics include heroin, morphine, fentanyl, and meperidine (Demerol), while low-potency prescription medications

such as codeine, propoxyphene, and oxycodone (OxyContin® or—when coformulated with acetaminophen—Endocet Percocet®, Roxicet®, Tylox®, etc.) come primarily in pill form. All are used to treat pain. In case of overdose, the opiate antagonist naloxone (Narcan®) can be used to displace narcotic drugs from receptor sites, thereby reversing the potentially lethal respiratory-suppressant effects common with opiates.

Question: 5

Opiates are able to rapidly cross the blood-brain barrier to produce a euphoric rush, and physical dependence develops rapidly when opiates are used regularly. Withdrawal symptoms include all but one of the following:

- A. Nausea and diarrhea
- B. Aphasia and echolalia
- C. Irritability and restlessness
- D. Diaphoresis and chills ("cold sweats")

Answer: B

Explanation:

Aphasia and echolalia—meaning, respectively, the inability to use and/or understand language and the involuntary repetition of words just spoken by others. Other withdrawal symptoms include: anxiety, piloerection ("goosebumps," causing hair to stand up), insomnia, convulsions, tremor, difficulty urinating, constipation, dizziness, mood changes, blood disorders, rashes, abdominal cramps, blurred vision, and vomiting. The excess ingestion of opiates can result in cardiac irregularities (chiefly bradycardia—slowed heart rate) and/or respiratory depression (bradypnea—reduced breathing rate).

Question: 6

Opiates are central nervous system (CNS) depressants, as is alcohol (ethanol or ethyl alcohol, as opposed to rubbing alcohol, i.e., isopropanol or isopropyl alcohol). All of the following entries identify CNS depressants except one:

- A. Chloral hydrate and glutethimide
- B. Barbiturates and methaqualone
- C. Nandrolone and stanozolol
- D. Anxiolytics and benzodiazepines

Answer: C

Explanation:

Nandrolone and stanozolol, are both performance-enhancing anabolic-androgenic steroids. Pharmaceutical depressants have long been called "dormers," due to their calming down effects. Prescription uses include the relief of tension, anxiety, and irritability. The potential for abuse is

high if used regularly, as physiological tolerance often quickly develops. Moderate overdose can result in poor motor coordination, slurred speech, and impaired judgment, whereas more toxic levels may result in respiratory failure, coma, and death.

Question: 7

Standard portions of the alcoholic beverages, beer, wine, and distilled spirits, as expressed in ounces (oz) are, respectively:

- A. 10 oz, 4 oz, and 1 oz
- B. 12 oz, 5 oz, and 1.5 oz
- C. 16 oz, 6 oz, and 2 oz
- D. 18 oz, 7 oz, and 3 oz

Answer: B

Explanation:

12 oz, 5 oz, and 1.5 oz. Standard alcoholic beverages are arranged so as to provide approximately equal amounts of total alcohol in each type of drink. Beer contains approximately 3.5–9.96% alcohol, table wines range from 9% to 12%, dessert ("fortified") wines range from 15% to 20%, and distilled ("hard") liquor averages 40–50% and up to 80% in fortified distillates. Once ingested, approximately 20% of the alcohol is absorbed through the stomach and 80% through the intestines. However, greater concentrations of alcohol and carbonated beverages accelerate absorption, and food in the stomach will reduce the rate of absorption. Alcohol is eliminated from the system via the kidneys (5%), the lungs (5%), and the liver (90%).

Question: 8

The liver breaks down alcohol by oxidation into acetic acid. On average, the liver of a 150-pound person can oxidize about 7 grams of pure alcohol per hour. This is the equivalent of how many ounces of beer, wine, and distilled spirits, respectively?

- A. 4.75-5 oz, 1 oz, 0.25 oz
- B. 15.75-16 oz, 5.75 oz, 2 oz
- C. 11.5-12 oz, 4.5 oz, 1.25 oz
- D. 7.75-8 oz, 2.5 oz, 0.75 oz

Answer: D

Explanation:

7.75-8 oz, 2.5 oz, .75 oz. The effects of alcohol intoxication (imbibing faster than the body can metabolize the alcohol) include the earliest symptoms: impaired judgment and decreased inhibition; moderate symptoms (0.01-0.30% blood alcohol): reduced control over movement, speech and vision; more severe symptoms (0.15-0.35% blood alcohol): impaired balance, coordination, and reflexes. Blood

alcohol concentration (BAC, usually given as g/dl, or grams of ethanol per 100 grams of blood) of 0.03% considered intoxicated in most states. A blood alcohol of 0.35% and above can mean death, depending upon the body's level of developed tolerance. Impaired reaction time, motor control, and sensory processing are all factors that contribute to the dangers of drunk driving (which kills about 16,000 people each year in the United States).

Question: 9

Excessive alcohol consumption can damage virtually every organ system in the human body. Alcoholism is a major cause of all but one of the following .

- A. Pulmonary disease
- B. Hepatic disease
- C. Cardiac disease
- D. Pancreatitis

Answer: A

Explanation:

pulmonary disease. Although high levels of alcohol consumption can lead to respiratory depression, respiratory arrest, and suffocation due to emesis (vomit) aspiration, chronic alcoholism is not a leading cause of pulmonary disease. However, alcohol abuse is the number-one cause of liver-related deaths in the United States. Cirrhosis (fibrous scarring) of the liver routinely with chronic alcoholism. Women are particularly prone to injury when more than 2-3 drinks a day are consumed regularly. Alcohol is metabolized by two liver enzymes: alcohol dehydrogenase (which converts alcohol to acetaldehyde) and acetaldehyde dehydrogenase (which converts acetaldehyde to acetic acid). Hepatic encephalopathy (compromised brain function from high levels of toxins in the blood due to poor liver function) can also occur. Acute alcohol toxicity can also damage heart muscle (cardiomyopathy), inflame the pancreas (pancreatitis), induce gastrointestinal ulcers and bleeding, produce a two-fold greater risk of esophageal cancer, predispose an individual to other kinds of cancer, and may lead to hypertension. Alcohol is the leading cause of cardiomyopathy in the United States.

Question: 10

The use of some drugs (whether legal or illegal) can produce withdrawal symptoms if the dosage is stopped or reduced too quickly. The presence of withdrawal symptoms indicates that the individual has developed one of the following:

- A. An addiction to the drug
- B. A physical dependence on the drug
- C. A tolerance for the drug
- D. An aversion to the drug

Answer: B

Explanation:

A physical dependence on the drug. Physical dependence indicates only that the body has integrated a drug in such a way that 'Withdrawal symptoms' will result from cessation, a reduced dose, or administration of an antagonist drug. By contrast, addiction is a psychoneurobiological disease and typically involves physical dependence on a drug as well as one or more of the following: 1) inability to control use of the drug; 2) compulsive use of the drug; 3) continued use of the drug in spite of mental, physical, and/or social harm; and/or 4) craving for the drug. In addition to pain medications, many other legal drugs, including corticosteroids, beta blockers, antidepressants, alcohol, etc., can produce physical dependence. Drug tolerance refers to a drug's lower effectiveness as the body adapts and overcomes the influence of the drug; sensitization occurs when a drug's effects are magnified with continued use.



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