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Question: 1

What are withdrawal symptoms, characterized by severe flu-like symptoms (nausea, vomiting, runny nose, watery eyes, chills, abdominal cramps, anorexia, weakness, tremors, sweating, etc.), MOST characteristic?

A. Opioid withdrawal
B. Hallucinogenic withdrawal
C. Barbiturate withdrawal
D. Benzodiazepine withdrawal

Answer: A

Explanation:
Opioids (heroin, morphine, codeine, etc.) and the semisynthetic and synthetic derivatives have a withdrawal syndrome generally characterized by nausea, vomiting, runny nose, watery eyes, chills, abdominal cramps, anorexia, weakness, bone pains, tremors, sweating, feelings of panic, and persistent yawning. More serious symptoms such as convulsions and cardiovascular collapse are very rare. Hallucinogenics and psychedelics typically do not have a withdrawal syndrome, though flashbacks of past trips may well occur. Barbiturate withdrawal symptoms include: insomnia, anxiety, delirium and tremors, and the possibility of convulsions (seizures) and death. Benzodiazepine withdrawal symptoms are similar to those of barbiturate withdrawal but potentially at least somewhat less severe.

Question: 2

Genetic factors make up roughly what proportion of the risk for addiction?

A. Less than one-tenth
B. One-quarter
C. One-half Correct
D. Three-quarters

Answer: C

Explanation:
Studies reveal that major factors in drug abuse vulnerability include social, family, culture, and other factors. However, epidemiological studies reveal that genetic factors contribute as much as half of an individual's risk for drug abuse. The role of genetics is slightly higher for males than females, and the role of genetics in heroin abuse exceeds that of any other drug. Further, the greater and more severe the manifestation of drug abuse, the more predominant the role of genetics in the predisposition for substance abuse. Theorists suggest a malfunction in neurotransmitter production results in a potentially profound need to self- medicate to compensate.

Question: 3

What is the adolescent tendency to impulsivity and risk taking due to primarily?

A. Poor parenting
B. Prior abuse
C. Neurological immaturity
D. Influences of puberty

Answer: C

Explanation:
There are numerous factors that contribute to the tendency of adolescents to impulsiveness, unruly behavior, and risk taking. These include limited life experience, high energy, a concomitant desire for external stimuli and engagement, a predisposition toward peer influences, and so on. Of primary influence, however, is the issue of neurological immaturity. Key portions of the brain that manage judgment and emotional control are among the last to mature. The prefrontal cortex, where impulse control, reasoning, and foresight are managed, does not mature until early adulthood. Further, the adolescent brain appears to be more receptive to the effects of substances of abuse as well as more vulnerable to subsequent physiological consequences.

Question: 4

What are depressant drugs (e.g., alcohol, opiates, barbiturates, and benzodiazepines) typically used to cope with?

A. Excitement
B. Fatigue
C. Stress
D. Boredom

Answer: C

Explanation:
Depressant drugs reduce levels of stress-related neurotransmitters and inhibit stress-accelerating hormones (e.g., adrenalin and cortisol). This is accomplished, in part, by mimicking the body's three natural stress-reducing analgesics known as endorphins (a contraction of the term endogenous morphine). Lacking symptoms of stress, depressant abusers such as heroin users may use the drug infrequently for years without developing an addiction. Should significant stress arise, however, the abuse of depressant drugs becomes highly likely. It is further theorized that addiction potential is enhanced where biological factors may make stress susceptibility greater.

Question: 5

Past which point is benzodiazepine treatment of anxiety NOT effective?

A. Six weeks
B. Four months
C. One year
D. Eighteen months

Answer: B

Explanation:
Benzodiazepine tolerance develops fairly rapidly. Consequently, anxiety cannot be treated effectively beyond four months, regardless of the dosage. Polydrug use is particularly problematic as using benzodiazepines in conjunction with pain medications, alcohol, and antihistamines can produce severe respiratory depression and even death. In the United States, the second-leading cause of drug-related emergency department admission is benzodiazepine overdose. Due to the development of tolerance, even after use for as little as two to three weeks, individuals must be weaned away from benzodiazepines under medical supervision, most commonly over a period of months.

Question: 6

At low doses, what does alcohol act as physiologically?

A. Stimulant
B. Psychedelic
C. Depressant
D. Hallucinogenic

Answer: A

Explanation:
Low-dose ingestion of alcohol has stimulant effects, producing euphoria and excitability. This occurs as a result of low-dose alcohol triggering the brain's the dopaminergic reward pathway. At higher doses, alcohol is a powerful central nervous system depressant, producing drowsiness and sedation. Very high levels can induce stupor, coma, and even death. Body weight and food intake can substantially affect blood alcohol levels and absorption rates. Food can slow absorption, and body weight can dilute the alcohol taken in. Age, however, can play a meaningful role as well. The elderly have less lean body mass and muscle and more fat. Nonfat body mass contains water, which dilutes alcohol; alcohol is not soluble in fat. Thus, the elderly become intoxicated more readily than younger individuals of their same height and weight.

Question: 7

Among the following, what is the MOST harmful drug a mother can abuse during pregnancy?

A. Heroin
B. Lysergic Acid (LSD)

C. Alcohol
D. Methamphetamine

Answer: C

Explanation:
Virtually all drugs that cross the blood-brain barrier will affect the fetus, and fetal addiction can result, requiring suffering withdrawals at birth. However, of all drugs of abuse, alcohol is the most dangerous to the developing fetus. Even moderate drinking during pregnancy (particularly during the first three months) can result in birth defects such as organ and skeletal malformations and intellectual impairment. Some babies appear normal at birth and subsequently develop serious learning and behavioral problems as they grow older. More regular alcohol abuse may result in fetal alcohol syndrome (FAS), often with characteristic head and facial deformities, mental retardation, heart defects, stunted growth, and so on. When the typical facial characteristics are lacking, the disorder is called fetal alcohol effects.

Question: 8

Theorists posit that stimulant abuse often occurs to compensate for deficiencies in all of the following neurotransmitters EXCEPT

A. norepinephrine.
B. acetylcholine.
C. serotonin.
D. dopamine.

Answer: B

Explanation:
In most people, monoamine oxidases (MAOS) regulate the levels of serotonin, dopamine, and norepinephrine. Those with an excess of MAO may experience endogenous depression due to reduced key neurotransmitter levels. These individuals appear to self-medicate by using stimulant drugs. Their goal is to lift depression, increase energy, and reduce inward tension. Other people with unique genetic dopamine receptor variations may be particularly susceptible to addiction due to their tendency toward impulsivity, anger, agitation, and boredom. Many in this group are drawn to high-risk activities such as extreme sports as well as drug abuse. For this group, stimulants are uniquely rewarding and thus profoundly compelling and addictive.

Question: 9

What is the euphoria experienced when under the influence of cocaine caused by?

A. A cascade-effect of endorphins
B. A sudden release of adrenalin
C. Increased basal metabolic rate
D. A buildup of neurotransmitters

Answer: D

Explanation:
Whether snorted, injected, or smoked (oral ingestion is not effective), cocaine triggers the release of dopamine, serotonin, and norepinephrine. The primary effect occurs through the buildup of dopamine, though all neurotransmitters involved contribute to the subsequent euphoria. Not only does cocaine stimulate the release of these key neurotransmitters, but it also blocks their natural reabsorption by inhibiting a reuptake transporter from carrying out its normal functions. After the euphoria passes, neurotransmitter depletion induces a sense of profound dysphoria and depression, thus generating a need for further use of the drug. Individuals who are naturally deficient in serotonin appear to be particularly at risk for cocaine addiction.

Question: 10

What kind of drug does the term nootropic refer to?

A. Memory enhancing
B. Mood stabilizing
C. Hallucinogenic
D. Psychedelic

Answer: A

Explanation:
Nootropics are drugs designed to boost cognitive performance. These neuro-enhancing drugs tend to be used by highly competitive and overcommitted individuals to enhance concentration, focus, and memory and to help ward off fatigue and somnolence. Among the more popular of these medications are Provigil (generic: mondafinil) and Adderall (generic: dextroamphetamine saccharate, amphetamine aspartate, dextroamphetamine sulfate, and amphetamine sulfate-or, sometimes, just amphetamine/dextroamphetamine). Adderall contains amphetamine salts designed to increase dopamine and norepinephrine levels in the brain and is used in the treatment of attention deficit hyperactivity disorder (ADHD). Provigil is a stimulant used in the treatment of sleep disorders. Another nootropic, Piracetam (or Nootrapil; generic: 2-oxo-1-pyrrolidine acetamide), is sold as a supplement. Used widely in Europe, it has not received Food and Drug Administration (FDA) approval. Chemically, it influences neuronal and vascular functions and thereby enhances cognitive function without acting as a sedative or stimulant. It has been used to treat depression, the disabling effects of stroke, and a variety of other neurological disorders.

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