



QUESTIONS (SELECT ALL THAT APPLY)

1- The nurse caring for a patient withdrawing from OxyContin knows to expect:

- A- Seizures, anxiety, increased HR
- B- Respiratory depression, constipation and drowsiness
- C- Leg movements, cold flashes with goose bumps, diarrhea
- D- Trouble sleeping, irritability, decreased appetite

2- According to the research article Cannabis, motivation, and life satisfaction in an internet sample, the main concern that health care providers can educate their patients about is:

- A- Cannabis may increase appetite in some patients and therefore should be used cautiously by anyone with a BMI > 30.
- B- There is slight (< 1.3%) evidence that cannabis in some individuals may decrease motivation and therefore may blunt goal oriented patients in achieving their desired outcomes.
- C- College students who use cannabis demonstrate comparable or even slightly higher grades than their classmates and more likely to pursue graduate degrees.
- D- The link between cannabis use and apathy has been proven to be anecdotal and there is no concern about this.

3- Addiction is considered a:

- A- Disease in the way that the body processes serotonin.
- B- Brain disease.
- C- Both A & B.
- D- Potentiation of epigenetics.

4- Which patient is most at risk for developing substance abuse:

- A- The 23 year male whose frontal lobe is still developing and highly influenced by the actions of his peers.
- B- The 35 year old nurse with a Masters degree who works in the ICU and has a brother who is an alcoholic.
- C- The 49 year old male who recently lost his job and has been taking 80 mg/day of oxycodone for the past 8 weeks for a herniated disc.
- D- All of the above.



5A- Which pair(s) of substances listed below demonstrate(s) the antagonistic effect?

- A- Demerol & Vistril
- B- Alcohol & Antibase
- C- Dilaudid & Benadryl
- D- OxyContin & Methamphetamines

5B- Which pair(s) of substances listed below demonstrate(s) the synergistic (potentiation of a drug) effect?

- A- ETOH & Barbituates
- B- Opiates & Antianxiety
- C- Heroin & Cocaine
- D- Heroin & Narcan

6- Which factor does not contribute to drug abuse?

- A- Poverty.
- B- Reduces emotional pain from recent romantic break-ups.
- C- Helps ease anxiety while at gatherings.
- D- Distraction from focusing on childhood sexual abuse.

7- Which example(s) below demonstrates primary healthcare:

- A- Educational tv commercial about the dangers of using heroin.
- B- Inpatient substance abuse treatment centers.
- C- Outpatient substance abuse treatment centers.
- D- Behavioral and psychoanalytic counseling.

8- In America, the highest rates of illicit drug use are with what demographic?

- A- Youth aged 12-17.
- B- Youth aged 18-25.
- C- Adults aged 26 and 35.
- D- Adults aged 35 and over.

9- What below is not a criteria for being diagnosed with Substance Use Disorder?

- A- Tolerance increases.
- B- Risky (and/or impulsive) behaviors increase.
- C- Withdrawal occurs.
- D- Cravings.



10- Since the negative ramifications of using drugs are so severe, what motivates a person to abuse drugs?

- A- For the 18-25 year old group the impact of peer pressure influences behaviors and overrides other personal discretions.
- B- For individuals with an existing dual-diagnosis, their brain chemistry is already compromised creating an exponential effect of the illicit drug and thus encourages use in the beginning with high levels of pleasure.
- C- Drugs are capable of releasing up to 10x the amount of dopamine from the brain and dopamine is the natural reward neurotransmitter.
- D- Drugs are capable of releasing up to 10x the amount of serotonin from the brain and serotonin is the natural feel good neurotransmitter.

11- Which patient should the SN worry about for processing ETOH slowly?

- A- The 30 year old male.
- B- The 13 year-old child whose both parents are alcoholics.
- C- 20 year old female of a certain ethnic group.
- D- All of the above are examples of demographics that process ETOH slowly.

12- In preparing for her final exam, the SN knows that this answer below represents a Schedule I drug classification meaning it has both a high potential for abuse and the potential to create severe psychological and/or physical dependence and no accepted medical uses:

- A- Heroin, MPPP, Synthetic Fentanyl
- B- Heroin, Marijuana, LSD
- C- Heroin, Cocaine, 3,4-Methylenedioxymethamphetamine
- D- Heroin, Crack, 3,4-Methylenedioxymethamphetamine

13- During a study group session, the SN realized that Schedule II drugs all had one thing in common:

- A- Schedule II drugs were all heavily abused during the 70's.
- B- Schedule II drugs are all opioids.
- C- Schedule II drugs are all street drugs.
- D- Schedule II drugs are all pharmaceutical drugs.

14- An example of a Schedule III drug is:

- A- Anabolic Estrogen
- B- Testosterone
- C- Kratom
- D- All of the above



15- An example of a Schedule IV drug is:

- A- Xanax
- B- Heroin
- C- Marijuana
- D- CBD

16 - An example of a Schedule V drug is:

- A- Marijuana
- B- Lomotil
- C- CBD
- D- Codeine

17- The biggest difference between Schedule III and Schedule IV drugs are that:

- A- Schedule III has moderate dependence and Schedule IV has limited dependence.
- B- Schedule III has limited dependence and Schedule IV has moderate dependence.
- C- Schedule III has no medical use and Schedule IV has limited medical use.
- D- Schedule III has high abuse potential and Schedule IV has high dependence potential.

18- Which of the items below is not one of the principles of addiction treatment:

- A- Involving as many of the family members and friends as possible in an intervention.
- B- Resolving underlying emotional conflict using some type of therapy.
- C- Substituting an alternate reward for the reward previously gained by the drug.
- D- Punitive consequences such as prison, jail, loss of job, divorce, removal of children from custody.

19- An example of a dual-diagnosis is a client who has:

- A- Chronic heart condition and alcoholism
- B- Opiate addiction and alcohol abuse
- C- Schizoid Personality Disorder and a heroin addiction
- D- Substance Abuse Disorder and Substance Use Disorder

20- Substance abuse by healthcare professionals is:

- A- Lower than the average workforce because of their education understanding the nature of how drugs work.
- B- The same as the rest of the workforce.
- C- Higher than the average workforce enforcing that knowledge of side effects does not defer substance abuse.
- D- Unknown because healthcare workers are able to take medications at will due to their unsupervised access



21- Assessment tools that nurses can use with their patients to evaluate substance abuse include (check all that apply):

- A- CAGE
- B- Braden
- C- CRAFFT
- D- HEENT
- E- CIWA
- F- Katz

22- What are the 3 types of dependence?

- A- Physical, Psychological & Emotional
- B- Physical, Psychological & Spiritual
- C- Physical, Cross & Psychological
- D- Physical, Chronic & Psychological

23- Substance withdrawal symptoms begin:

- A- Within a few hours
- B- Within a few days
- C- Within a few weeks
- D- After being completely processed by the CY3P enzyme in the liver.

ANSWERS

1- The nurse caring for a patient withdrawing from OxyContin knows to expect:

- A- Seizures, anxiety, increased HR (sedatives, tranquilizers withdrawal)
- B- Respiratory depression, constipation and drowsiness
- * **C- Leg movements, cold flashes with goose bumps, diarrhea (opioid withdrawal)**
- D- Trouble sleeping, irritability, decreased appetite (marijuana withdrawal)

Symptoms of withdrawal are opposite to the effects of the drug (i.e. withdrawal from CNS depressants cause CNS excitation).

2- According to the research article Cannabis, motivation, and life satisfaction in an internet sample, the main concern that health care providers can educate their patients about is:

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C- College students who use cannabis demonstrate comparable or even slightly higher grades than their classmates and more likely to pursue graduate degrees.

* **D- The link between cannabis use and apathy has been proven to be anecdotal and there is no concern about this.**

3- Addiction is considered a:

A- Disease in the way that the body processes serotonin. (funny wording to this question since there is some connections to serotonin & dopamine.

* **B- Brain disease.**

C- Both A & B.

D- Psychological condition.

4- Which patient is most at risk for developing substance abuse:

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* **D- All of the above.**

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* **B- Alcohol & Antibuse (antagonistic)**

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* **D- OxyContin & Methamphetamines (antagonistic)**

5B- Which pair(s) of substances listed below demonstrate(s) the synergistic (potentiation of a drug) effect?

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C- Heroin & Cocaine (antagonistic)

D- Heroin & Narcan (antagonistic)

Synergistic means that it potentiates the effects of the other drug.

Antagonistic effect means that one weakens the effect of the other.



Antabuse (Disulfuram) is an alcoholism medication and can be used to treat problem drinking by creating an unpleasant reaction to alcohol. It's used in recovery programs that include medical supervision and counseling.

6- Which factor does not contribute to drug abuse?

* **A- Poverty.** (*This was not discussed in our class however there is interesting research on this perceived correlation*).

B- Reduces emotional pain from recent romantic break-ups.

C- Helps ease anxiety while at gatherings.

D- Distraction from focusing on childhood sexual abuse

7- Which example(s) below demonstrates primary healthcare:

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C- Outpatient substance abuse treatment centers.

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Memory Trick:

P-primary = P-prevention (educational programs)

S-secondary = S- screenings (outpatient tmt., AA meetings, interventions)

T-tertiary = T-treatments (inpatient (or outpatient) treatment with supportive care during detox period)

Evidence Based Tmt - may combine pharmacotherapies with behavioral therapy.

8- In America, the highest rates of illicit drug use are with what demographic?

A- Youth aged 12-17.

* **B- Youth aged 18-25 (almost 20%)**

C- Adults aged 26 and 35.

D- Adults aged 35 and over.

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*** B- Testosterone (hint - there are 3 "T's" in TesTosTerone)**

C- Kratom

D- All of the above



15- An example of a Schedule IV drug is:

- * **A- Xanax (all sched. IV are CNS depressants/sedatives)**
- B- Heroin
- C- Marijuana
- D- CBD

16- An example of a Schedule V drug is:

- A- Marijuana
- * **B- Lomotil this is an anti-diarrheal and has an opioid in it which obviously will address the diarrhea by causing constipation.**
- C- CBD
- D- Codeine

17- The biggest difference between Schedule III and Schedule IV drugs are that:

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- C- Substituting an alternate reward for the reward previously gained by the drug.
- D- Punitive consequences such as prison, jail, loss of job, divorce, removal of children from custody.

Also, another principal of addiction treatment is the use of pharmacological agents such as:

- **Antabuse for ETOH**
- **Subutex for Opiates**

19- An example of a dual-diagnosis is a client who has:

- A- Chronic heart condition and alcoholism
- * **B- Opiate addiction and alcohol abuse**
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- D- Substance Abuse Disorder and Substance Use Disorder

Dual Diagnosis = SA + Psychiatric diagnosis



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A- Lower than the average workforce because of their education understanding the nature of how drugs work.

B- The same as the rest of the workforce.

*** C- Higher than the average workforce enforcing that knowledge of side effects does not defer substance abuse.**

D- Unknown because healthcare workers are able to take medications at will due to their unsupervised access.

SUD (substance use disorder) in nurses mirrors that of the average population which is about 10% according to the article How to Protect Patient Safety While Supporting a Colleague in Early Recovery by Chris O'Neill, RN

21- Assessment tools that nurses can use with their patients to evaluate substance abuse include (check all that apply):

*** A- CAGE**

B- Braden

*** C- CRAFFT**

D- HEENT

*** E- CIWA**

F- Katz

*** *These all start with the letter "C"***

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A- Physical, Psychological & Emotional

B- Physical, Psychological & Spiritual

***C- Physical, Cross & Psychological**

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23- Substance withdrawal symptoms begin:

*** A- Within a few hours (early s/s). Peaks within 24-38 hours unless going into DT**

B- Within a few days

C- Within a few weeks

D- After being completely processed by the CY3P enzyme in the liver.