



The CCB Science 2 Service Distance Learning Program[®]

Please complete all required information and fax to 203.284.9500

For questions or assistance with the program, please email Jeff at JQuamme@ctcertboard.org

S2S 2055 DETOXIFICATION

Module 2 Post-Test

1. A common use of a biochemical marker is _____.
 - a. to support or refute other information that leads to proper diagnosis
 - b. for forensic purposes
 - c. in detecting hidden or secretive use of substances in settings where abstinence, rehabilitation and treatment are being promoted.
 - d. all of the above
2. With a blood alcohol level of _____ percent, signs and symptoms include marked impairment of thinking, memory and coordination, memory blackouts and nausea/vomiting.
 - a. 20-100mg
 - b. 101-200mg
 - c. 201-300mg
 - d. 301-400mg
3. The signs and symptoms of alcohol withdrawal generally start to take place _____.
 - a. 3-6 hours after the last drink
 - b. 6-24 hours after the last drink
 - c. 12-36 hours after the last drink
 - d. none of the above
4. Uncomplicated (or mild to moderate) withdrawal is evidenced by all of the following EXCEPT:
 - a. restlessness
 - b. lack of appetite
 - c. insomnia
 - d. hallucinations
5. _____ remain the class of medications of choice in the treatment of alcohol withdrawal.
 - a. Opioids
 - b. Benzodiazepines
 - c. NSAIDS
 - d. none of the above
6. Cigarette smoking induces benzodiazepine metabolism.
T F
7. The majority of alcohol seizures occur _____ after the cessation or reduction of alcohol.
 - a. 12 hours
 - b. 24 hours
 - c. 36 hours
 - d. 48 hours



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8. Signs of opioid intoxication include_____.

- a. pinpoint pupils
- b. fast pulse
- c. high body temperature
- d. sweating

9. The consensus panel recommends that off label use of other medications can be difficult to justify in the treatment of opioid withdrawal, given the efficacy of_____ in reversing withdrawal.

- a. clonidine
- b. methadone
- c. dilantin
- d. lorazepam

10. The consensus panel recommends that for an individual requesting termination of methadone maintenance treatment, the methadone dose should be tapered gradually by_____per week until a dose of 30 to 40 mg has been attained.

- a. 1-3mg
- b. 3-5mg
- c. 5-10mg
- d. 10-15mg

11. The Office of National Drug Control Policy (ONDCP) reported that in 2002, fewer than 1 in _____persons with a substance use disorder were in treatment at any one time.

- a. 5
- b. 7
- c. 10
- d. 12

12. _____are particularly worrisome in benzodiazepine withdrawal and may occur without being preceded by other evidence of withdrawal.

- a. blackouts
- b. seizures
- c. delirium tremens
- d. hallucinations

13. Intoxication with inhalants and solvents often produces a syndrome most like that of _____intoxication, usually lasting from 15-45 minutes.

- a. opioid
- b. amphetamine
- c. sedative-hypnotics
- d. alcohol



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14. Between 1995 and 1999, cigarette smoking cost the United States at least _____ yearly in health related economic losses.

- a. \$157 billion
- b. \$173 billion
- c. \$192 billion
- d. \$201 billion

15. The nicotine metabolite, cotinine, can be measured in urine, blood or saliva for up to _____ days after cessation.

- a. 3
- b. 5
- c. 7
- d. 9

16. The U.S. Public Health Service panel recommends that all primary care physicians provide a 3 step intervention to all tobacco users.

T F

17. The highest dose of nicotine patch is _____ mg.

- a. 22
- b. 33
- c. 44
- d. none of the above

18. The most frequent problem with abuse of club drugs is _____.

- a. intoxication
- b. withdrawal
- c. overdose
- d. both a and c

19. Phencyclidine (PCP) remains in legitimate use for _____.

- a. anesthesia for humans
- b. veterinary anesthesia
- c. psychiatric treatment
- d. there is no legitimate use

20. According to TIP 45, one of the most significant changes in recent years is the increase in patients requiring withdrawal from _____.

- a. prescription opioids
- b. heroin
- c. alcohol
- d. more than one substance



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21. Auricular (ear) acupuncture has been used as an adjunct treatment for _____ detoxification for about 30 years.
- a. opioid
 - b. alcohol
 - c. sedative hypnotic
 - d. all of the above
22. At the time of writing, the National Institutes of Health identified _____ as the standard of care for pregnant women with opioid dependence.
- a. methadone detoxification
 - b. methadone maintenance
 - c. Suboxone[®] (buprenorphine/naltrexone combination therapy)
 - d. Subutex[®] (buprenorphine only)
23. Detoxification from benzodiazepines is safest during the _____ trimester for pregnant women to avoid spontaneous abortion and premature labor.
- a. first
 - b. second
 - c. third
 - d. the risk is the same in each trimester
24. The World Health Organization categorizes disabilities into four main categories: Physical, sensory, cognitive and _____.
- a. affective
 - b. psychiatric
 - c. intellectual
 - d. none of the above
25. African Americans are at greater risk of the co occurrence of _____ which should be taken into account when placing and monitoring them on withdrawal medications.
- a. diabetes
 - b. hypertension
 - c. heart disease
 - d. both a and b
26. According to the TIP, members of which community may not seek treatment until their problems are quite severe?
- a. African-American
 - b. Hispanic/Latino
 - c. Native American
 - d. Asian



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27. When engaging a/an _____ in the process of detoxification, moving through the process too quickly or abruptly can be perceived as showing a lack of caring and is considered contrary to trust building.

- a. Asian
- b. American Indian
- c. African American
- d. Hispanic/Latino

28. _____ are likely to view drug dependency as a moral failing or personal weakness.

- a. Asian
- b. American Indian
- c. African American
- d. Hispanic/Latino

29. Response to detoxification in adolescents is more rapid than in adults.

T F

30. The consensus panel recommends that if a person who is maintained on opioid agonist medications become detained or incarcerated for 30 days or less, then that individual should be _____.

- a. maintained on their usual dosage
- b. increased in dose to prevent withdrawal
- c. gradually tapered in dose
- d. none of the above