Medication-Assisted Treatment for Opioid Addiction

Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. **Chapter One: Introduction**
   In the criminal justice system, people who use heroin account for an estimated _____ of the $17 billion spent each year for legal responses to drug-related crime.
   A. one-fifth
   B. one-fourth
   C. one-third
   D. one-half

2. In the treatment of opioid addiction, the term addiction refers to psychological effects of substance abuse and dependence refers to physical dependence on and subjective need and craving for a psychoactive substance.
   A. True
   B. False

3. All of the following are accurate statements about opioid addiction as a medical condition EXCEPT:
   A. For decades, studies have supported the view that opioid addiction is a medical disorder that can be treated effectively with medications administered under conditions consistent with their pharmacological efficacy
   B. There seems to be a specific neurological basis for the compulsive use of heroin by addicts, and methadone taken in optimal doses can correct the disorder
   C. The concept of opioid addiction as a medical disorder was supported by treatment followup studies showing that opioid addiction has a reasonably predictable course, similar to such conditions as diabetes, hypertension, and asthma
   D. Similar to patients with other chronic disorders, many who are opioid addicted have been found to respond best to treatment that focuses solely on pharmacological interventions

4. It is important that treatment programs monitor and adjust patients' dose levels of methadone and other opioid treatment medications to ensure that they receive therapeutic dosages without regard to arbitrary dose-level ceilings that are unsupported by research evidence.
   A. True
   B. False

5. Which of the following is an accurate statement about combating stigma associated with opioid addiction and treatment?
   A. The predominant view of opioid addiction has been that it is a selfinduced or self-inflicted condition resulting from a character disorder or moral failing and that this condition is best handled as a criminal matter
   B. Use of methadone and other therapeutic medications has been viewed traditionally as substitute therapy and as replacing one addiction with another
   C. Stigma discourages patients from entering treatment and prompts them to leave treatment early
   D. All of the above are accurate statements

6. **Chapter Two: History of Medication-Assisted Treatment for Opioid Addiction**
   Opioid addiction first emerged as a serious problem in this country during and after the Civil War and by 1900, an estimated _____ people were opioid addicted in the United States.
   A. 250,000
   B. 300,000
   C. 350,000
   D. 400,000

7. Which of the following is an accurate statement about the use of opioids in the late 1990's and early 2000's.
   A. By the end of the 1990's, an estimated 698,000 people in the United States chronically or occasionally used heroin
   B. Treatment admission rates for addiction to opioid analgesics more than tripled between 1992 and 2001
   C. Visits to emergency rooms related to opioid analgesic abuse increased 117 percent between 1994 and 2001
   D. None of the above

8. In the early 1970's, faced with increased opioid-related drug use and crimes, the Nixon administration greatly increased funding for methadone maintenance, and the number of patients receiving methadone increased from 9,000 in 1971 to 73,000 in 1973.
   A. True
   B. False

9. All of the following are accurate statements regarding early rationale for methadone maintenance treatment EXCEPT:
   A. It was believed that many could be maintained on opioids for short periods of time if the correct dosages were given
   B. Researchers realized that morphine was not a good choice as an opioid maintenance drug because patients' social functioning was impaired by morphine's sedating effects
   C. Patients did not experience euphoric, tranquilizing,or analgesic effects when using methadone and their affect and consciousness were normal.
   D. Methadone relieved the opioid craving or hunger that patients with addiction described as a major factor in relapse and continued illegal use

10. In 1994, the California Department of Alcohol and Drug Programs published the results of a pioneering large scale study of the effectiveness, benefits, and costs of substance abuse treatment in California. Among the findings were that treatment was cost beneficial to taxpayers, with the cost averaging _____returned for every dollar invested and regardless of the modality of care, treatment-related economic savings outweighed costs by at least_____.
    A. 5 dollars; 3 to 1
    B. 7 dollars; 4 to 1
    C. 9 dollars: 5 to 1
    D. 11 dollars; 6 to 1

11. On October 8, 2002, the DEA completed its evaluation of buprenorphine, classifying it as a schedule III drug, and then the FDA made buprenorphine the first drug approved for treatment of opioid addiction in physicians' offices.
    A. True
    B. False

12. **Chapter Three: Pharmacology of Medications Used To Treat Opioid Addiction**
    Under the provisions of the Drug Addiction Treatment Act of 2000**,** qualified physicians may dispense or prescribe buprenorphine products for up to _____ patients at a time.
    A. 10
    B. 20
    C. 30
    D. 40

13. Which of the following is an accurate statement about the pharmacology and pharmacotherapy of methadone and levoalpha acetyl methadol (LAAM)?
    A. Methadone and LAAM are two of the short-acting full opioid agonists approved for opioid pharmacotherapy at this time
    B. Therapeutically appropriate doses of these agonist medications produce cross-tolerance for short-acting opioids such as morphine and heroin, thereby increasing withdrawal symptoms and
    C. LAAM is shorter acting than methadone so it can be administered daily because its shorter duration of action would not lead to accumulation of toxic levels in the body
    D. Because of its extensive bioavailability and longer half-life, an adequate daily oral dose of methadone suppresses withdrawal and drug craving for 24 to 36 hours in most patients who are opioid addicted

opioid craving

14. Various enzymes metabolize methadone, and numerous genetic and environmental factors affect these enzymes and account for variations in methadone metabolism among individuals.
    A. True
    B. False

15. All of the following are accurate statements about buprenorphine EXCEPT:
    A. It is a synthetic opioid and generally is described as a partial agonist at the mu opiate receptor and an antagonist at the kappa receptor
    B. Researchers determined that, as a partial mu agonist, buprenorphine does not activate mu receptors fully resulting in a ceiling effect that prevents larger doses of buprenorphine from producing greater agonist effects
    C. There is a smaller margin of safety from death by respiratory depression when increased doses of buprenorphine are used, compared with increased doses of full opioid agonists.
    D. Depending on the dosage, buprenorphine activity can be viewed as falling between that of full agonists, such as methadone and LAAM, and antagonists, such as naltrexone

16. Naltrexone is a highly effective opioid antagonist and because it has no narcotic effect, there are no withdrawal symptoms when a patient stops using naltrexone, nor does naltrexone have abuse potential.
    A. True
    B. False

17. Compared with equipotent doses of both methadone and LAAM, buprenorphine produced far greater rates of treatment retention and abstinence from illicit opioids.
    A. True
    B. False

18. Which of the following is NOT a possible side effect of long-term methadone, LAAM, or buprenorphine therapy?
    A. Weight loss
    B. Muscle pain
    C. Abnormal liver function tests
    D. Insomnia

19. When using methadone, LAAM, or buprenorphine in combination with other medications, it is critical to consider all of the following EXCEPT:
    A. During any agonist-based pharmacotherapy, abusing drugs or medications that are respiratory depressants (e.g., alcohol, other opioid agonists, benzodiazepines) may be fatal
    B. Current or potential cardiovascular risk factors are usually decreased by opioid agonist pharmacotherapy
    C. Patients should know the symptoms of arrhythmia, such as palpitations, dizziness, lightheadedness, syncope, or seizures, and should seek immediate medical attention when they occur
    D. Maintaining and not exceeding dosage schedules, amounts, and other medication regimens are important to avoid adverse drug interactions

20. There is a slight risk that overdose and death can occur if methadone and LAAM are taken in larger amounts than directed and in amounts exceeding patients' tolerance levels, and buprenorphine has a low risk since partial agonist characteristics reduce the chances of respiratory depression from overdose.
    A. True
    B. False

21. **Chapter Four: Initial Screening, Admission Procedures, and Assessment Techniques**
    Goals for initial screening to determine an applicant's eligibility and readiness for medication-assisted treatment for opioid addiction and admission to an opioid treatment program include all of the following EXCEPT:
    A. Clarification of the treatment alliance
    B. Identification of treatment barriers
    C. Assessment of support systems
    D. Crisis intervention

22. In a study of population data from the U.S. National Comorbidity Survey, a significant association was found between opioid addiction and increased risk of homicide and violence.
    A. True
    B. False

23. An opioid treatment program (OTP) should obtain a new patient's substance abuse treatment history, preferably from the patient during the initial screening, including information such as use of other substances while in treatment, and dates and durations of treatment.
    A. True
    B. False

24. All new patients should receive an orientation to medication-assisted treatment for opioid addiction (MAT), and the orientation should include documentation of the consent to treatment, program record keeping and confidentiality requirements, program rules, including patient rights, grievance procedures, and circumstances under which a patient can be discharged involuntarily, and
    A. Prescription drug and over-the-counter medication use logs
    B. Community resources lists for the patient
    C. Facility safety instructions
    D. All of the above

25. Federal regulations require OTPs to conduct a full panel of laboratory tests, including routine tests for syphilis, hepatitis, TB, and recent drug use.
    A. True
    B. False

26. Which of the following is NOT an accurate statement about drug screenings during the treatment process for opioid addiction?
    A. The presence of opioids in test results establishes a diagnosis of opioid addiction, and the absence of opioids is enough to rule it out
    B. The first test is especially important because it is part of the initial evaluation and may serve as documentation of current opioid use
    C. Ideally, drug tests should be conducted regularly and randomly during treatment
    D. All of the above are accurate statements

27. All of the following are areas that should be assessed when documenting a patient's substance use and treatment history EXCEPT:
    A. Changing patterns of substance use, withdrawal signs and symptoms, and medical sequelae
    B. Effects of substance use on social functioning
    C. Circumstances or events leading to relapse
    D. Periods of abstinence

28. A comprehensive assessment should include questions about family relationships and problems, including any history of domestic violence, sexual abuse, and mental disorders and when possible, the assessment should include input from relatives and significant others.
    A. True
    B. False

29. If a patient believes that she or he is in imminent danger from an abusive partner, the treatment provider should respond to this situation before addressing any others and, if necessary, suspend the screening or assessment interview to do so.
    A. True
    B. False

30. MAT patients often have safe housing concerns and based on year 2000 estimates, approximately _____ of patients in treatment are homeless or living as transients when admitted to treatment.
    A. 20 percent
    B. 15 percent
    C. 10 percent
    D. 5 percent

31. In treatment practices, socially desirable activities such as consideration for the interests of others, community involvement, and helping others are all expressions of:
    A. Ethical behavior
    B. Spirituality
    C. Morality
    D. None of the above

32. **Chapter Five: Clinical Pharmacotherapy**
    In medication-assisted treatment for opioid addiction (MAT), buprenorphine maintenance treatment has the longest successful track record in patients addicted to opioids for more than a year and has been shown to control withdrawal symptoms, stabilize physiologic processes, and improve functionality.
    A. True
    B. False

33. Psychiatric or medical diagnoses that categorically should rule out admission to an OTP or access to opioid pharmacotherapy include all of the following EXCEPT:
    A. Individuals who abuse opioids but whose conditions do not meet criteria for opioid dependence outlined in the *Diagnostic and Statistical Manual of Mental Disorders*
    B. Applicants who cannot attend treatment sessions regularly, especially for medication dosing
    C. Previous patients who have had allergic reactions to methadone, LAAM, or buprenorphine
    D. Individuals with less than 6 months of opioid addiction and no addiction treatment history

34. Whereas 30 mg of methadone per day may be adequate for some patients, it has been reported that some patients require much more for optimal effect, although there are few data on the safety of methadone doses above 120 mg/day.
    A. True
    B. False

35. The desired responses to medication that usually reflect optimal dosage include:
    A. Prevention of opioid withdrawal for 48 hours or longer, including both early subjective symptoms and objective signs typical of abstinence
    B. Elimination of drug hunger or craving
    C. Tolerance for the sedative effects of treatment medication, creating a state in which patients can function normally without impairment of perception or physical or emotional response
    D. Both B and C above

36. Cross-tolerance from medication dosing occurs when medication diminishes or prevents the euphoric effects of heroin or other short-acting opioids so that patients who continue to abuse opioids no longer feel “high”.
    A. True
    B. False

37. In a classic 1991 study, an inverse relationship between frequency of recent heroin use and methadone dosage was clearly demonstrated in that lower methadone dosages were shown to be less effective than higher or adequate dosages in facilitating abstinence from heroin among patients in MAT.
    A. True
    B. False

38. Which of the following is an accurate statement about maintenance therapy for opioid addiction treatment?
    A. The maintenance stage of opioid pharmacotherapy begins when a patient is responding optimally to medication treatment and routine dosage adjustments are no longer needed
    C. Although patients may request long-term or temporary dosage adjustments during a period of crisis, it is very important that the dosages remain consistent

B. During the maintenance stage, medication dosages usually require frequent or occasional adjustments
D. All of the above

39. When patients violate program rules or no longer meet treatment criteria, involuntary dosage tapering might be indicated. statements about involuntary tapering EXCEPT:
A. If many days of dosing are missed and repeated attempts to help a patient comply with daily dosing requirements have failed, involuntary tapering may be called for
B. When patients violate program rules or no longer meet treatment criteria, involuntary tapering is absolutely necessary
C. If a patient is intoxicated repeatedly with alcohol or sedative drugs, the addition of an opioid medication is unsafe, and any dose should be withheld, reduced, or tapered
D. Disruptive or violent behavior or threats to staff and other patients might be reasons for dismissal, and tapering may not even be possible in these cases

40. When patients know that they must serve time in jail or prison, planned withdrawal is the best course of action, since few correctional institutions offer methadone maintenance to nonpregnant inmates.
A. True
B. False

41. Sometimes it is necessary for patients to have access to take-home medication and any OTP patient may receive a single take-home dose for a day when the OTP is closed for business. Clinical criteria for take-home medication specified in Federal regulations includes all of the following EXCEPT:
A. At least 2 months in comprehensive maintenance treatment
B. Stable home environment and social relationships
C. Determination that rehabilitative benefits of decreased OTP attendance outweigh the potential risk of diversion
D. Absence of recent drug and alcohol abuse and absence of criminal activity

42. **Chapter Six: Patient-Treatment Matching: Types of Services and Levels of Care**
It is recommended that opioid treatment programs form cooperative relationships with and refer patients to other treatment providers as appropriate to deal with various levels of services that the patient may need , and services needed may change throughout the treatment process.
A. True
B. False

43. Appropriate patients for treatment in outpatient OTPs are those who meet Federal and State requirements for opioid addiction treatment, those who have done poorly in other types of programs, and:
A. Those who are unlikely to continue MAT otherwise and who generally exhibit high relapse potential
B. Those who are able to function in less restrictive environments
C. Those who require opioid pharmacotherapy for long-term stabilization
D. All of the above

44. While the existence of co-occurring disorders should not prevent patients' admissions to an OTP, diagnosis of these disorders is critical to match patients with appropriate services and settings.
A. True
B. False

45. Adolescents and young adults present a unique challenge for MAT, and all of the following are accurate statements about working with adolescents EXCEPT:
A. Youth who are opioid addicted tend to present after only a few years of addiction and with different attitudes toward addiction and the recovery process and
C. The interaction of developmental and psychosocial factors affects the ability of adolescents and young adults to engage in MAT and therefore complicates the

distinct treatment needs
B. Treatment for adolescents and young adults should integrate knowledge of their specific developmental and psychosocial concerns and needs
recovery process
D. LAAM may be a particularly satisfactory treatment for some adolescents and with greater use it should become more widely available and offer less stigma for young patients

46. Because many patients in MAT are parents, onsite childcare services are now readily available in most opioid treatment programs.
A. True
B. False

47. Which of the following is an accurate statement about what OTP providers should consider when working with elderly patients?:
A. It is important to provide psychosocial treatment for age associated stressors and medical screening and referral for common medical conditions affected by the aging process
B. Elderly patients tend to be very compliant about dealing with medication dosages so they are generally good OTP patients
C. Treatment providers need to be aware of differences between co-occurring disorders and symptoms associated with aging
D. Both A and C above

48. Treatment planning for MAT should involve a multidisciplinary team, including physicians, counselors, nurses, case managers, social workers, and patients and should focus on manageable short-term goals and objectives.
A. True
B. False

49. A patient in MAT should be an integral member of the treatment team with his or her needs and expectations considered respectfully and incorporated into the treatment plan. All of the following are important considerations about the patient's involvement EXCEPT:
A. The plan should focus on the patient's goals so that potential for success will be greater
B. When possible, the treatment plan should be written in the patient's own words to describe his or her unique strengths, needs, abilities, and preferences as well as his or her challenges and problems
C. Treatment providers should work collaboratively with patients to identify health-related cultural beliefs, values, and practices and to decide how to address these factors in the treatment plan
D. All of the above are important

50. **Chapter Seven: Phases of Treatment**
When MAT is organized in phases, patients and staff better understand that it is an outcome-oriented treatment approach comprising successive, integrated interventions. Of the patient centered phases for planning and providing MAT services and evaluating treatment outcomes in an OTP, which of the following is an optional phase?
A. supportive-care
B. tapering
C. continuing-care phases
D. medical maintenance

51. Decisions concerning treatment duration should be made jointly by OTP physicians, other members of the treatment team, and patients and should be based on regulatory or general administrative policy.
A. True
B. False

52. Although phases of treatment is structured for patients admitted for comprehensive maintenance treatment, some patients may be admitted specifically for detoxification from opioids. Patients admitted for detoxification may be treated for up to ____ days in an OTP.
A. 90
B. 120
C. 150
D. 180

53. A major goal during the acute process of treatment is to eliminate use of illicit opioids for at least 24 hours, as well as inappropriate use of other psychoactive substances. This process involves all of the following EXCEPT:
A. Assessing the safety and adequacy of each dose after administration
B. Initially prescribing a medication dosage that minimizes sedation and other undesirable side effects
C. Providing or referring patients for services to lessen the intensity of co-occurring disorders and medical, social, legal, family, and other problems associated with opioid addiction
D. All of the above are part of the acute phase

54. The primary goal of the _____ phase of treatment is to empower patients to cope with their major life problems so that they can pursue longer term goals such as education, employment, and family reconciliation.
A. Supportive-care
B. Rehabilitative
C. Maintenance
D. Tapering

55. All of the following are accurate statements about the continued alcohol and prescription drug abuse and use of illicit drugs during the rehabilitative phase of treatment EXCEPT:
A. Evidence of heavy alcohol use might warrant that a patient return to the supportive-care phase
B. If a patient is using medications, particularly drugs of potential abuse prescribed by a nonprogram physician, the patient should be counseled to advise his or her OTP physician of these prescriptions
C. Elimination of alcohol abuse, illicit-drug use, and inappropriate use of other substances is required to complete the rehabilitative phase
D. Patients who continue to use illicit drugs or demonstrate alcohol use problems are not eligible for take-home medication

56. Some of the most difficult obstacles to a stable life for MAT patients include unemployment and inadequate funds to live comfortably and safely, and such limitations should be addressed during the rehabilitative phase.
A. True
B. False

57. In the supportive-care phase of treatment, patients continue opioid pharmacotherapy, participate in counseling, receive medical care, and resume primary responsibility for their lives. The length of time a patient remains in supportive care should be based entirely on his or her needs and progress, and a period of treatment compliance lasting between _____ usually is appropriate.
A. 6 months and 1 year
B. 1 and 2 years
C. 2 and 3 years
D. None of the above

58. Tapering refers to gradual reduction and elimination of maintenance medication during opioid addiction treatment, while de from illicit drugs, from inappropriate use of prescription drugs, or from alcohol abuse.
A. True
B. False

59. All of the following are accurate statements about tapering as part of the treatment plan EXCEPT:
A. The risk of relapse during and after tapering is significant because of the
C. Patients should avoid returning to a previous phase during tapering because

physical and emotional stress involved

B. Patients should be encouraged to discuss any difficulties they experience with tapering and readjustment so that appropriate action can be taken to avoid relapse

the realization of failure could have lasting negative effects in treatment

D. Patients should be educated about how to reenter MAT if they believe that relapse is imminent

60. Transitions between treatment phases in MAT are not intended to be rigidly interpreted or enforced and the treatment system should be flexible enough to allow for transition according to a patient's progress and circumstances.
A. True
B. False

61. **Chapter Eight: Approaches to Providing Comprehensive Care and Maximizing Patient Retention**
All of the following are accurate statements about retaining patients in MAT with the exception of which one of the following:
A. Patients who stayed in treatment for one year or longer abused substances less and were more likely to engage in constructive activities and avoid criminal involvement than those who left treatment earlier
B. Studies of patients who left MAT prematurely have determined that length of retention was the most important indicator of treatment outcomes
C. One comprehensive study found that retention was determined almost entirely by what happened before treatment.
D. Patient characteristics, behavior, and other factors unrelated to treatment have been found to contribute relatively little to retention in MAT

62. Recommended steps to improve patient retention include providing useful treatment services as early as possible, improving staff knowledge and attitudes about MAT, attending to patients' financial needs, and:
A. Ensuring that patients attend OTP on a daily basis
B. Simplifying the entry process
C. Emphasizing low-dose medication goals
D. All of the above

63. Usually, individual sessions during the acute phase are less intensive than those that follow, although individual needs should dictate the frequency and duration of counseling.
A. True
B. False

64. Although counselors are not expected to understand medical treatments, pathophysiology, or pharmacotherapy in the same way as medical professionals do, they should have general knowledge of common medical conditions affecting patients in MAT and their treatments.
A. True
B. False

65. Group counseling has some advantages over individual counseling and therapy and these include all of the following EXCEPT:
A. Groups can be conducted without a professional, which often times makes patients feel more comfortable
B. It can reduce patients' sense of isolation and help them cope with addiction and other life problems
C. Through peer interaction, patients contribute to one another's recovery
D. Groups encourage the development of social skills, structure, discipline, and encouragement

66. Which of the following is an accurate statement about the community reinforcement approach to treatment?
A. It is a cognitive-enhanced approach that diagrams relationships between patients' thoughts, actions, and feelings and their
C. It encourages patients to identify aspects of their lives that reinforce abstinence and to understand how these

substance use to increase patient participation in counseling
B. It reinforces desired behavior with immediate incentives
reinforcers can serve as alternatives to substance use
D. None of the above

67. Motivational enhancement has emerged as a component of counseling in MAT, and its interventions influence patients to give up secondary substances of abuse, address health issues, and change their social circumstances.
A. True
B. False

68. Psychotherapy is a form of verbal-expressive therapy used in MAT and it includes all of the following characteristics EXCEPT:
A. It focuses on the here-and-now, decision making, values, self-concept, and strengths
B. Psychotherapy has an important role in MAT but it usually should be deferred until patients are stabilized
C. Psychological principles are used to modify or remove problematic thoughts, feelings, and behaviors
D. Psychotherapy can be short term and solution directed, but psychotherapy more often is used to resolve chronic psychological and social problems

69. Patient education is a useful tool in comprehensive MAT and it encompasses addressing the full range of patient needs, including education, personal development, recreation, health, and vocational or relationship needs.
A. True
B. False

70. Family involvement in treatment provides strong support for patient recovery and for the family, and the concept of family should be expanded to include members of the patient's social network including significant others, clergy, resource people from the community, and others.
A. True
B. False

71. Which of the following is an accurate statement about conflict between MAT and some mutual-help programs?
A. Because 12-Step and other mutual-help programs vary widely in attitudes toward medications and some are particularly negative about opioid pharmacotherapy, many patients in MAT feel uncomfortable attending meetings for fear of criticism
B. If MAT patients do attend, some try to hide their participation in MAT
C. Some patients insist on group acceptance of MAT before they will participate in self-help programs
D. All of the above

72. All of the following are accurate statements about relapse prevention EXCEPT:
A. Education about relapse is a key part of treatment and educational approaches should teach concrete strategies to avoid drug relapse
B. Relapse prevention strategies often distinguish between slips and relapses, with slips defined as milder episodes of use
C. Relapse should be understood as an event, not as a process
D. Patients who abuse multiple substances may require modified relapse prevention strategies

73. Several national and local advocacy groups with slightly different emphases have been organized with the belief that MAT is a lifesaving treatment, that stigma must be reduced, and patients should be educated about their treatment and encouraged to participate in it.
A. True
B. False

74. **Chapter Nine: Drug Testing as a Tool**
Because of the increased depressive effects of alcohol combined with an opioid such as methadone, it is important for OTPs to avoid providing opioid medication to patients who are intoxicated with alcohol. Urine tests for alcohol are the most useful tests in OTPs to determine the presence or degree of acute alcohol intoxication.
A. True
B. False

75. Documented benefits and limitations of drug testing in OTP's exist and include all of the following EXCEPT:
A. Urine tests are the most appropriate for individuals with paruresis and those on other prescribed drugs
B. Many believe that blood testing is the best method to assess treatment compliance in patients maintained on methadone but blood testing is impractical, costly, and difficult
C. Drug test results should not be the only means to detect substance abuse or monitor treatment compliance and a combination of self-reporting and urine testing is more useful than either alone
D. Many patients in OTPs react more favorably to the use of oral swabs than to observed urine collection, and oral-fluid testing was less susceptible to tampering than urine testing

76. Because of the volume and cost of urine testing, most OTPs use enzyme immunoassay (EIA) to analyze test specimens. While EIA permits detection of extremely small quantities of substances, it lacks specificity to determine which drug in a class is present and therefore cannot distinguish between morphine, codeine, and other opioids.
A. True
B. False

77. OTP's should use drug test results clinically-not punitively-for guidance, treatment planning, and dosage determination and should retest when results indicate continuing problems.
A. True
B. False

78. Confirmations of positive drug test results are generally conducted at the OTP so that results can be confirmed in a timely manner.
A. True
B. False

79. A critical concern in OTP's is the reliability of drug testing and accuracy of the tests depends on the choice of laboratory, use of proper equipment and methods, and
A. Adherence to high-quality standards by all involved
B. Frequency of testing
C. Quality Control
D. Both A and C above

80. All of the following are accurate statements about OTP take-home medication procedures EXCEPT:
A. Current Federal regulations outline ten criteria that the medical director of the OTP must consider when granting take-home privileges
B. Drug test reports are a key factor in take-home medication decisions along with employment status and medical problems
C. A physician also is required to reevaluate the appropriateness of take-home medications at least every 3 months
D. If patients who are receiving take home medications have positive drug test results, OTPs should consider such steps as a review of medication dosage and an increase if indicated, revision of the patient treatment plan, or an increase in the level of care

81. **Chapter Ten: Associated Medical Problems in Patients Who Are Opioid Addicted**

The general approach in OTPs for patients with medical problems is to remain alert and knowledgeable, facilitate preventive measures, and provide ongoing medical care and emergency treatment to the extent possible.

A. True
B. False

82. All of the following are accurate statements about treating patients with medical problems in opioid treatment programs EXCEPT:

A. When people with difficult medical problems are admitted to an OTP, unavailable or fragmented medical and psychiatric services may cause these patients to leave MAT prematurely, relapse to substance use, or resort increasingly to inpatient, emergency, or other expensive services
B. Many medical problems associated with opioid addiction should be treated either within the OTP or through liaisons with outside specialists and programs
C. Each OTP should clearly define the medical services it offers on site and safety, practicality, and efficacy are important considerations in these decisions
D. Medical services for problems such as soft-tissue infections, hepatitis, HIV infection and hypertension should be treated at outside medical facilities

83. _____of people who begin injecting drugs contract hepatitis B within 5 years and estimated _____ of people who inject drugs have serologic evidence of exposure to hepatitis C virus.

A. 55%-75%; 75%-95%
B. 50%-70%: 70%-90%
C. 45%-65%; 65%85%
D. 40%-60%; 60%-80%

84. The decision to treat patients in MAT for chronic hepatitis C infection is complex because it must include many factors such as:

A. Motivation to adhere to a 6- to 12-month weekly injection schedule
B. Presence of co-occurring disorders
C. Medication side effects
D. All of the above

85. Since the early 1990s, the prevalence of HIV infection has increased substantially in most of the United States and among people who inject drugs, and approximately _____ percent of patients receiving methadone treatment in the United States were infected with HIV.

A. 15 to 20
B. 20 to 25
C. 25 to 30
D. 30 to 35

86. All of the following are accurate statements about HIV prevention in OTP's EXCEPT:

A. Staff members should be educated about how HIV is transmitted both to avoid exposure and to reduce generally unfounded fears
B. Prevention should include a factual understanding of the highly charged, often panic laden beliefs surrounding AIDS
C. Having an AIDS coordinator on staff as the resident expert, community liaison and educator, and patient resource is optimal in areas with high HIV prevalence
D. Education about HIV should be referred out to a community program that teaches the various modes of transmission, and the importance of HIV testing in prevention and intervention

87. Home dosing is an important option for patients whose disabilities preclude daily OTP visits. Which of the following is an accurate statement about take-home dosing?

A. For patients with disabilities who do not meet take-home eligibility criteria,
C. All OTP patients with disabilities must be eligible for home dosing since their

home dosing sometimes can be negotiated under the emergency dosing provisions of Federal or State regulations

B. Delivering medications directly to a disabled person's home is a practical and inexpensive way to ensure that the client remains compliant with treatment

disabilities often prevent them from coming into a facility to get medications

D. All of the above are accurate

88. Although patients in MAT have been shown to have generally low rates of acute and chronic pain, medical treatment providers need to have a plan to manage pain when it becomes necessary.
A. True
B. False

89. Long-term opioid pharmacotherapy produces substantial tolerance for the analgesic effects of opioid treatment medications; therefore, a usual maintenance dose affords little or no pain relief.
A. True
B. False

90. Research indicates that several principles provide the basis for managing acute pain in hospitalized patients also receiving opioid addiction pharmacotherapy. These include all of the following EXCEPT:
A. Methadone should be continued at the same daily dose, whether by oral or intramuscular routes, although it can be divided
B. LAAM patients can be treated temporarily with equivalent daily methadone doses taking into account the timing of the last LAAM dose and its longer acting effects
C. Pain management should be discussed with affected patients, and they should receive assurances that they will be afforded adequate relief
D. Buprenorphine treatment may be recommended because it doesn't attenuate or block the effects of opioids

91. Special consideration is needed to provide opioid therapy for patients in MAT who have chronic, intractable, nonmalignant pain since studies of patients receiving methadone have found that _____ percent have chronic pain.
A. 47 to 70
B. 37 to 60
C. 27 to 50
D. 17 to 40

92. Some patients in MAT with chronic pain might benefit from having their daily methadone dosage split for better pain control, which necessitates a take-home schedule for the remaining daily doses.
A. True
B. False

93. **Chapter Eleven: Treatment of Multiple Substance Use**
Concurrent opioid and other substance use is a serious problem and nearly 90 percent of heroin-related deaths may involve concurrent use of other substances.
A. True
B. False

94. Which of the following is NOT an accurate statement about the use of alcohol by opioid addicted patients?
A. Alcohol-related factors are a major cause of death among patients in MAT, both during and after treatment, and of administrative discharges from OTPs
B. On average, patients in MAT who are alcohol dependent have more medical and mental disorders, greater criminality, and poorer social and family functioning and peer relations than patients who are not
C. Treatment for alcohol dependence involves a comprehensive approach combining detoxification if needed, counseling, medications such as disulfiram, and participation in mutual-help groups
D. Continuous use of alcohol may induce enzyme activity that decreases the metabolism of treatment medication, increasing medication plasma levels and resulting in symptoms of overmedication

alcohol dependent

that further complicate treatment.

95. Benzodiazepines are sometimes used for patients in MAT and in general they are not dangerous except when they cause patients to seek other drugs with sedative effects.
A. True
B. False

96. In general, THC use is not as prevalent as cocaine or amphetamine use among patients in MAT and some studies have concluded that THC use in MAT does not affect MAT outcomes adversely.
A. True
B. False

97. All of the following are important factors in management of multiple substance use in MAT with the exception of:
A. Increased counseling and other psychosocial services
B. Increased drug testing
C. Decreased level of structure and supervision for patients so they can worked toward developing drug free lifestyle strategies
D. Adjustment of medication dosages as needed

98. **Chapter Twelve: Treatment of Co-Occurring Disorders**
Among patients who are opioid addicted, the most common co-occurring Axis II disorders, as defined in Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision are avoidant personality disorder and histrionic personality disorder.
A. True
B. False

99. One of the models that explains the relationship between co-occurring and substance use disorders is the bidirectional model which holds that shared genetic or environmental factors may cause both substance use and co-occurring disorders.
A. True
B. False

100. Opioid treatment programs should establish specific screening procedures for co-occurring disorders and train counselors and intake workers to perform these procedures. Screening for co-occurring disorders usually entails determining all of the following EXCEPT:
A. Previous diagnosis, treatment, or hospitalization for a mental disorder and, if applicable, why, when, and where, as well as the treatment received and its outcome
B. Any history of mental disorder-related symptoms among immediate relatives and their diagnoses, treatments, or hospitalization
C. A thorough trauma history including details about events such as physical or sexual abuse or living through a natural disaster or tragedy
D. Any unusual aspect of an applicant's appearance, behavior, or cognition

101. Studies have indicated that people with antisocial personality disorder (APD) and opioid addiction had more criminal activity, more history of early violent and aggressive behaviors, greater likelihood of engaging in activities that risked HIV transmission, and more extensive and severe polydrug abuse. APD has been estimated to affect _____ of people seeking treatment for opioid addiction.
A. 14 to 29 percent
B. 24 to 39 percent
C. 34 to 49 percent
D. 44 to 49 percent

102. Which of the follwing is a true statement regarding risk factors and predictors for suicidal ideation and threats?
A. Suicidal risk factors will likely predict individual behavior
C. Studies of patients in MAT who overdosed on opioids concluded that overdoses usually were intentional and

adequate predictors of subsequent suicide attempts

B. People who are opioid addicted have high rates of suicide and attempted suicide, ranging from 18 to 27 percent in some studies with even higher rates among certain groups

D. Substance intoxication or withdrawal can cause or exacerbate suicidal ideation or threats, and the presence of co-occurring disorders further increases the risk

103. Antidepressants have been used successfully to treat depression and anxiety in patients in MAT and antipsychotic or mood-stabilizing medications are used for patients with bipolar disorder seeking treatment for opioid addiction.
A. True
B. False

104. Patients in MAT who have schizophrenia often have profound impairment in thinking and behavior and are unlikely to fit in well in many OTPs, and antipsychotic medication, along with psychosocial intervention, is the mainstay of treatment.
A. True
B. False

105. **Chapter Thirteen: Medication-Assisted Treatment for Opioid Addiction During Pregnancy**
Methadone and buprenorphine have been approved by the FDA to treat opioid addiction during pregnancy and effective medical maintenance treatment with these drugs has the same benefits for pregnant patients as for patients in general.
A. True
B. False

106. Common medical complications among pregnant women who are opioid addicted include all of the following EXCEPT:
A. Gestational diabetes
B. Cardiac disease, especially endocarditis
C. Gonorrhea and herpes
D. Urinary tract infections

107. Pregnant women with a history of injection drug use are at high risk for hepatitis C (HCV) and all of the following are true statements regarding HCV and pregnancy EXCEPT:
A. During pregnancy, HCV can be transmitted vertically from mother to fetus. However, multiple studies have shown low overall HCV vertical transmission risk
B. Vaginal delivery and breast-feeding increase the risk of neonatal HCV infection significantly
C. Infants whose mothers have hepatitis C should receive HCV ribonucleic acid (RNA) testing and antibody testing so that further evaluation, staging, and treatment of liver disease can be facilitated if necessary
D. All of the above are true statements

108. Women who are methadone maintained often experience symptoms of withdrawal in later stages of pregnancy and require dosage increases to maintain blood levels of methadone and avoid withdrawal symptoms.
A. True
B. False

109. A large percentage of pregnant women in MAT continue to use other substances including alcohol, nicotine, heroin, cocaine, barbiturates, and tranquilizers, and one study indicates it may be as many as _____.
A. 88 percent
B. 78 percent
C. 68 percent
D. 58 percent

110. Which of the following is a true statement about neonatal abstinence syndrome (*NAS*) in newborn infants prenatally exposed to opioids?
A. Withdrawal symptoms may begin from minutes or hours after birth to 2 weeks
C. Many factors influence NAS onset, including the substances used by mothers,

later, but most appear within 24 hours

use of methadone before delivery, characteristics of labor, type and amount of anesthesia or analgesic during labor, infant maturity and nutrition

B. Preterm infants usually have more severe symptoms and immediate onset

D. NAS tends to be more severe or prolonged with heroin than methadone

111. Buprenorphine-associated NAS was found to be less intense than that associated with methadone, and further studies need to be completed to confirm this finding so that if appropriate, patients can switch from methadone to buprenorphine during early pregnancy to reduce chances for marked withdrawal syndromes in newborns.
A. True
B. False

112. Treatment for pregnant women who are opioid addicted should focus primarily on individual therapy to address both the physiological and psychological effects of substance use and psychosocial factors.
A. True
B. False

113. **Chapter Fourteen: Administrative Considerations**
In addition to hiring licensed or credentialed staff, administrators should employ people with empathy, sensitivity, and flexibility, and appropriate boundaries, particularly regarding patients in MAT.
A. True
B. False

114. Transference in MAT occurs when treatment providers project heir feelings onto patients, which interferes with treatment and be destructive to therapeutic relationships.
A. True
B. False

115. Training in OTP's has increased because accreditation standards require OTPs to provide continuing staff education, with many states requiring such education for OTPs to maintain licensure. This training should include all of the following EXCEPT:
A. Cultural sensitivity training
C. Up-to-date information about drugs of abuse
B. Facts about MAT and the health effects of treatment medications
D. Up-to-date information about communicable diseases

116. Good community relations are part of good opioid treatment program, particularly since community resistance to MAT is very common, so steps toward overcoming negative community reactions to OTPs can be accomplished by:
A. Initiating and maintaining contacts with community
C. Adding alternative care models and longer acting pharmacotherapies to the services continuum to decrease loitering, illicit transactions, illegal parking, and other activities that increase community concerns
B. Documenting community contacts and community relations activities
D. All of the above

117. Each of the following is a specific way that OTP's can educate and serve the community to enhance relationships EXCEPT:
A. Promote advocacy groups that can be instrumental in empowering patients as active participants in public relations, community outreach, and program support initiatives and in local, state, and national community education efforts
C. OTPs can serve communities by providing addiction treatment for community residents and offering jobs for qualified residents
B. OTPs should focus their energy on
D. OTP administrators and staff can be active

taking an aggressive, proactive stance in community projects and events that are directly tied to MAT

as representatives, speakers, or planners at professional conferences and as members or leaders in professional and community coalitions,
including advisory councils

118. MAT is one of the most frequently studied addiction therapies, and evaluating program performance based on patient outcomes is a well documented practice in to OTPs.
A. True
B. False

119. Both performance outcome and process evaluations have value in MAT, and process evaluation focuses on results while performance outcome evaluation focuses on how results were achieved.
A. True
B. False

120. All of following are examples of what might be measured by OTP outcome evaluations EXCEPT:
A. Documentation of what actually happens during an intervention, and how a new program or initiative is put into operation
B. The reduction or elimination of the use of illicit opioids, other illicit-drugs, and the problematic use of prescription drugs
C. The reduction of behaviors contributing to the spread of infectious diseases
D. Evidence of the improvement of quality of life as demonstrated by the restoration of physical and mental health and functional status