Instructor’s Manual and Test Bank

for

Levinthal

Drugs, Behavior, and Modern Society

Fifth Edition

prepared by

Charles F. Levinthal
Hofstra University

Debra Alper
Hofstra University
# TABLE OF CONTENTS

## CHAPTER 1: DRUGS AND BEHAVIOR TODAY
- Discussion questions and assignments 1
- Lecture Outline for Chapter One 2
- Video suggestions 5
- Essay questions 5
- True/False questions 6
- Multiple-choice questions 9

## CHAPTER 2: DRUG-TAKING BEHAVIOR: THE PERSONAL AND SOCIAL CONCERNS
- Discussion questions and assignments 22
- Lecture Outline for Chapter Two 22
- Video suggestions 26
- Essay questions 26
- True/False questions 27
- Multiple-choice questions 31

## CHAPTER 3: HOW DRUGS WORK IN THE BODY AND IN THE MIND
- Discussion questions and assignments 50
- Lecture Outline for Chapter Three 50
- Video suggestions 53
- Essay questions 54
- True/False questions 54
- Multiple-choice questions 60

## CHAPTER 4: THE MAJOR STIMULANTS: COCAINE AND AMPHETAMINES
- Discussion questions and assignments 81
- Lecture Outline for Chapter Four 81
- Video suggestions 84
<table>
<thead>
<tr>
<th>Chapter 9: Alcohol: Social Beverage/Social Drug</th>
<th>195</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion questions and assignments</td>
<td>195</td>
</tr>
<tr>
<td>Lecture Outline for Chapter Nine</td>
<td>196</td>
</tr>
<tr>
<td>Video suggestions</td>
<td>198</td>
</tr>
<tr>
<td>Essay questions</td>
<td>198</td>
</tr>
<tr>
<td>True/False questions</td>
<td>199</td>
</tr>
<tr>
<td>Multiple-choice questions</td>
<td>203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 10: Chronic Alcohol Abuse and Alcoholism</th>
<th>222</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion questions and assignments</td>
<td>222</td>
</tr>
<tr>
<td>Lecture Outline for Chapter Ten</td>
<td>222</td>
</tr>
<tr>
<td>Video suggestions</td>
<td>224</td>
</tr>
<tr>
<td>Essay questions</td>
<td>225</td>
</tr>
<tr>
<td>True/False questions</td>
<td>226</td>
</tr>
<tr>
<td>Multiple-choice questions</td>
<td>231</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 11: Nicotine and Tobacco</th>
<th>251</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion questions and assignments</td>
<td>251</td>
</tr>
<tr>
<td>Lecture Outline for Chapter Eleven</td>
<td>251</td>
</tr>
<tr>
<td>Video suggestions</td>
<td>254</td>
</tr>
<tr>
<td>Essay questions</td>
<td>254</td>
</tr>
<tr>
<td>True/False questions</td>
<td>255</td>
</tr>
<tr>
<td>Multiple-choice questions</td>
<td>261</td>
</tr>
</tbody>
</table>
CHAPTER 12: CAFFEINE

Discussion questions and assignments 281
Lecture Outline for Chapter Twelve 281
Video suggestion 283
Essay questions 283
True/False questions 284
Multiple-choice questions 287

CHAPTER 13: GLUES, SOLVENTS, AND OTHER INHALANTS 300

Discussion questions and assignments 300
Lecture Outline for Chapter Thirteen 300
Video suggestions 301
Essay questions 301
True/False questions 302
Multiple-choice questions 305

CHAPTER 14: PRESCRIPTION DRUGS, OVER-THE-COUNTER DRUGS, AND DIETARY SUPPLEMENTS 313

Discussion questions and assignments 313
Lecture Outline for Chapter Fourteen 313
Video suggestions 315
Essay questions 316
True/False questions 316
Multiple-choice questions 320

CHAPTER 15: SEDATIVE-HYPNOTICS AND ANTIANXIETY DRUGS 338

Discussion questions and assignments 338
Lecture Outline for Chapter Fifteen 338
Video suggestions 340
Essay questions 340
CHAPTER 16: PSYCHIATRIC DRUGS: TREATING SCHIZOPHRENIA AND MOOD DISORDERS

Discussion questions and assignments
Lecture Outline for Chapter Sixteen
Video suggestions
Essay questions
True/False questions
Multiple-choice questions

CHAPTER 17: PREVENTION AND TREATMENT: STRATEGIES FOR CHANGE

Discussion questions and assignments
Lecture Outline for Chapter Seventeen
Video suggestions
Essay questions
True/False questions
Multiple-choice questions

CHAPTER 18: PREVENTION AND EDUCATION: SCHOOLS, COMMUNITY, AND FAMILY

Discussion questions and assignments
Lecture Outline for Chapter Eighteen
Video suggestions
Essay questions
True/False questions
Multiple-choice questions
PREFACE

Few other university courses impact upon the average college student in a more immediate and personal way than does a course on drugs and alcohol. Some students may be anxious about certain aspects of drug-taking behavior in general, not only for themselves but also for society as a whole. Others are aware of a need for basic information and a sense of perspective on the often-confusing drug and alcohol research literature. There is an almost-daily barrage of media information that bears upon issues concerning drug abuse and misuse. It is not always easy to digest so much information on one’s own. Still others may be taking a course on drugs and alcohol with the attitude that it will be an easy class and that they already know all this is to know about the subject. They will be surprised.

This Instructor’s Manual and Test Bank provides you with support material, classroom enrichment information, and more than 3,000 test questions for the fifth edition of DRUGS, BEHAVIOR, AND MODERN SOCIETY. The goal is to facilitate your presentation of this course and to enhance your use and your students’ use of the main textbook. The specific contents are as follows:

Discussion questions and assignments
A number of issue-oriented topics are presented for classroom discussion and projects. Some of these topics can be assigned for responses prepared outside of class as exercises in critical thinking. In selected chapters, important web sites are listed for up-to-date statistical information related to drug use in the United States. Prevalence rates with respect to drug use are in constant flux, so you might want to consult these web sites on a regular basis for the latest developments. The companion web site www.ablongman.com/Levinthal5e provides an extensive array of useful links for relevant information.

Lecture Outlines
The fifth edition has an expanded Lecture Outline of individual chapters that can facilitate the preparation of your class lectures.

Video suggestions
A listing of commercially available videos in VHS or DVD formats, and in some cases English or Spanish.

Test Bank questions
Testing materials are provided in three formats. More than 130 essay questions address issues that require some integration of information and ideas, while approximately 1,000 true/false questions and more than 2,300 multiple-choice questions assess the factual and conceptual knowledge of the student with respect to his or her reading of the text.

For all questions, page references indicate the location of the information bearing on the answer. For each of the multiple-choice questions, a level of difficulty is indicated by E (easy), M (medium difficulty), or C (challenging). All essay, true/false, and multiple-choice questions are available to you as a computer software package, in your choice of Windows or Mac format, upon adoption of the text.

Please note that there are additional practice test questions available to students through the Companion Web site: www.ablongman.com/Levinthal5e. Fifteen true/false and fifteen multiple-choice practice questions (with answers) are provided for each chapter in a self-scoring format. The content of these practice questions will overlap with those in the Test Bank since they cover the same material but they will not be duplicates.

We hope that you will find the materials in this Instructor’s Manual/Test Bank helpful in your course. We would appreciate any feedback or suggestions you may wish to provide. You can get in touch with us through the addresses listed below. Thanks.

Our great appreciation is extended to Elizabeth Frei for her invaluable assistance in the review and updating of test items in this Manual, as well as to Vita Greco and Wendy Leonard for the help in preparing questions for earlier editions.

Charles F. Levinthal & Debra Alper
Mailing address - Department of Psychology, Hofstra University, Hempstead NY 11549
FAX - (516) 463-6052
email – PSYCFL@hofstra.edu
CHAPTER 1
DRUGS AND BEHAVIOR TODAY

DISCUSSION QUESTIONS AND ASSIGNMENTS

1. Assign students to view a broadcast of a sports event (appropriate for the season) on commercial TV. They should pay particular attention to any commercial related to the sale of beer. Which brands were advertised and how many minutes during the entire game was devoted to such commercials? What message about the consumption of beer was conveyed? What associations were made with beer-drinking in the commercial? A discussion can be held on the students' reaction to the segment. How would a younger person, say 14 to 16 years old, react to it? (It may be easier to have the segments recorded and played on a VHS or DVD recorder in class.)

2. Assign students to keep a diary (with no personal identification) of their own consumption patterns of licit psychoactive drugs over a 14-day period (beginning on a Monday), specifically their intake of caffeinated beverages, alcohol, and tobacco products. Were there any patterns of weekday versus weekend consumption, daytime versus nighttime, work time versus relaxation time? On an anonymous basis, have them record the circumstances under which these drugs were consumed. Were there any relationships between the consumption of these drugs and levels of fatigue, opportunities for socializing, or perceived stress? Have the respondents specify their age range (under 18, 18-21, over 21) and examine this information in light of reports of underage alcohol and tobacco purchases/intake.

3. Have students discuss or write their remembrances of their high-school days with regard to drug-taking behavior. Was it cool or not cool to do drugs? Which drugs were cool and which ones were not? Was there a certain type of person who was known (or expected) to do drugs? Did the perception of drug-taking behavior change as students progressed from the sixth grade to the ninth grade and finally to their senior year? Has the pattern of drug-taking behavior changed since they have been in college for their younger siblings or acquaintances?

4. Assign students to find an article in a newspaper or magazine relating to some form of licit or illicit drug-taking behavior. They can discuss it in class, write their reactions to the article, or make a presentation, centered on the impact the article might have in their lives. Some examples include reports of new recreational drugs that are ordinarily used on a medicinal basis (Ritalin, Adderall, OxyContin), steroids and other performance-enhancing drugs in sports, economic issues related to prescription drugs among the elderly.

5. Organize a brief debate on the pro and con arguments for the legalization of psychoactive drugs. Assign two groups of people to organize among themselves their ideas supporting each side. They may wish to use some of the positions expressed in the Point/Counterpoint Debate "Should we legalize drugs?" at the end of Part I in the text or develop additional points. Articles and accompanying essays in Levinthal’s Point/Counterpoint: Opposing Perspectives on Drug Policy (Allyn and Bacon, 2003) are useful sources for debate.

NOTE: Continual updating of statistical information related to prevalence rates in drug use in the United States can be accomplished by accessing the following web sites:

The University of Michigan Monitoring the Future Study
http://monitoringthefuture.org
Results of an annual survey of adolescent drug use appear in mid-December of each year.

The National Survey on Drug Use and Health (NSDUH)
http://samhsa.gov
LECTURE OUTLINE FOR CHAPTER ONE

A. Social messages and social realities concerning drug use

1. **We live in a society that sends mixed messages with respect to drug use.** Warning labels on cigarette packs and public service announcements caution against serious health hazards of tobacco use, while cigarette smoking remains glamorized in movies. Public officials admit to drug use (primarily marijuana smoking) earlier in their lives; yet marijuana remains classified as an illegal drug in the same category as heroin. Public anti-drug campaigns co-exist with pro-drug-use messages on Internet web sites.

2. Two themes predominate in the text. **The first theme concerns the immense diversity of drugs in our society, both legal and illegal.** As many problems arise from legal drugs as from illegal ones. The second theme focuses on acknowledging that drug abuse and its associated problems extend to men and women of all ages, all ethnic and racial groups, geographic regions, and socioeconomic levels.

B. Two ways of looking at drugs and behavior

1. We can focus on specific substances that alter our feelings, our thoughts, our perception of the world, and our behavior as well as the circumstances in our lives that lead to drug-taking behavior.

2. **Psychoactive drugs are those drugs that influence the functioning of the brain and hence our behavior.** Some psychoactive drugs are licit (legal) and others are illicit (illegal). In the case of licit drugs, there is legal availability to the general public in the United States, though in the cases of alcohol and nicotine, access carries a minimum-age requirement.

3. Drug dependence can be examined on three levels. On a behavioral level, dependence is characterized by intense craving and, in most cases, a need for increasingly greater quantities in order to get the same desired effect. On a physiological level, dependence corresponds to the appearance of long-lasting changes in the brain. On a social level, the pattern of dependence is influenced by the social context in which drug-taking behavior occurs.

4. A drug is typically defined as a chemical substance that, when taken into the body, alters the structure or functioning of the body in some way. Nutrients considered to be related to normal functioning are excluded from this definition.

5. Drugs can also be differentiated from non-drugs in terms of whether the substance has been intended to be used primarily as a way of inducing a bodily or psychological change.

6. Drug use can be considered as either instrumental or recreational, depending on the intention of the user. **Instrumental use means that a person is taking a drug with a specific socially-approved goal in mind.** Recreational use means that a person is taking the drug for the purposes of acquiring the effect of the drug itself.

7. **Drug abuse refers to drug-taking behavior that produces some form of physical, mental, or social impairment.** Drug misuse refers to cases in which a prescription or nonprescription drug is used in an inappropriate manner. Recreational use of prescription pain medications such as Vicodin, OxyContin, Percocet, Demerol, and Darvon is an example of drug misuse that can lead to drug abuse.

8. We need to understand the historical foundations of drug use, the ways in which our society has responded to problems associated with drug use and how our attitudes have changed over time.

C. Drugs in early times

1. Systematic drug use probably began thousands of years ago through shamanism, a practice among primitive societies in which an individual (shaman) acts as a healer through a combination of induced trances and plant-based medicines.
2. Examples of early medications are recorded in an Egyptian scroll called the Ebers Papyrus, dating back to 1500 B.C. More than 800 prescriptions are listed. Some contain ingredients with true medicinal value, such as castor oil and opium. However, it is difficult to evaluate the usefulness of most of these early medications because of the placebo effect. The **placebo effect results in an change in a patient’s condition on the basis of the patient’s belief that he or she would be changed in some way, but not on the basis of the physical effects of the medication received.**

D. Drugs in the nineteenth century and twentieth century

1. During the nineteenth century, great strides were made in the field of medicine, such as the emerging development of vaccines and anesthetic drugs. Nonetheless, widespread and uncontrolled access to psychoactive drugs such as opium and cocaine through patent medicines during this period created significant social problems. The adverse societal and personal effects of these drugs eventually became increasingly evident in the early twentieth century.

2. **Beginning in the early nineteenth century, increasing opposition to alcohol use in the United States (the temperance movement) resulted in the Prohibition era (1920-1933).**

3. Following World War II, antibiotic medications such as penicillin and streptomycin revolutionized efforts to control bacteria-borne infectious diseases. By the mid-1950s, psychiatric medications for treating schizophrenia such as chlorpromazine (Thorazine) emerged on the mental-health scene.

4. Beginning in the late 1960s, the recreational use and widespread popularity of marijuana, hallucinogens such as LSD, and other psychoactive substances among young people brought the concerns of drug use into segments of American society that had previously ignored them.

5. In the 1980s, increased use of cocaine and later crack cocaine emerged as a major social concern. By the 1990s, cocaine and crack cocaine prevalence rates subsided, but heroin abuse reemerged, along with new “designer drugs” (structural analogs) created by altering the chemical structure of illicit drugs while mimicking their psychoactive effects, and club drugs such as Ecstasy, GHB, ketamine, Rohypnol, methamphetamine, and LSD. By the late 1990s, a growing array of herbal and non-herbal dietary supplements purported to have psychoactive properties became available to the general public.

6. **In the new millennium, there are new challenges and social concerns. First, there is increased attention to significant problems created by the abuse of alcohol, steroids, inhalants, nicotine as well as abuse of better-known illicit drugs such as marijuana, heroin, cocaine, and hallucinogens. Second, for the first time, there is a new generation of young people contending with drug-taking behavior who are children of an earlier generation that had recreational drug experiences of their own at the same age.** Interestingly, a recent study has found no relationship between prior marijuana use among parents and marijuana use by their children.

E. Patterns of drug use in the United States

1. Confidential questionnaires and surveys are the only practical means for gaining information about the prevalence rates and patterns of drug use. For young people in the United States from Grade 8 through Grade 12, as well as college students and young adults, the most prominent survey is the Monitoring the Future study (see web site address on page 1), conducted by the University of Michigan on an annual basis since 1975. The National Survey on Drug Use and Health (formerly known as the National Household Survey) obtains drug-prevalence information for populations within the United States across the life span (see web site address on page 1).

2. **In 2005, 38% of high school seniors reported use of any illicit drug over the previous year, and 34% reported marijuana use during this period.** The 2005 figures are substantially lower than those reported during the illicit-drug prevalence peak in 1979 (54 percent and 51 percent, respectively). One in twenty seniors in 2005 had used cocaine, one in twenty had used inhalants on a recreational basis, and one in fifty had used LSD in the past year.
3. College students report lower annual prevalence rates in the use of illicit drugs in general, compared to high school seniors, with the exception of cocaine, hallucinogens, and alcohol.

4. In 2005, about half of high school seniors (47 percent) reported alcohol use in the last month, and 28% reported an instance of binge drinking. These figures are down substantially from comparable surveys in 1980, when 72 percent reported alcohol consumption and 41 percent reported binge drinking.

5. About 14% of high school seniors in 2005 smoked cigarettes on a regular basis, and 8% smoked at least a half a pack per day.

6. In general, fewer college students smoke cigarettes than high school seniors, a difference attributed more to the differences in the two populations than any developmental change in smoking behavior.

7. A troubling trend during the 1990s was the decline in the percentages of high school students, college students, and young adults who regarded regular drug use as potentially dangerous. In general, over the years, prevalence trends with regard to drug use form an almost perfect mirror-image to the percentages of young people who perceive drug use as presenting great risk of harm (see Figure 1.3).

8. In 2004, about 10 percent of the U.S. population over the age of 26 reported using an illicit drug over the past year (nearly 18 and 19 million people). About 7 percent reported using marijuana or hashish (nearly 13 million people) over the past year. About 4 percent reported engaged in the nonmedical (recreational) use of a prescription-type pain reliever, tranquilizer, stimulant, or sedative.

F. Factors influencing drug-taking behavior

1. Vulnerability toward drug-taking behavior is shaped by two separable groups of factors in a person’s life. Risk factors are those circumstances that make it more likely that a person might be involved in drugs. Protective factors are those circumstances that make it less likely that a person might be involved in drugs.

2. The most influential risk factor for drug-taking behavior is peer influence, as measured by the reported number of friends who use drugs. As many as forty protective factors have been recently identified by the Search Institute in Minneapolis. These protective factors are influential in increasing the resistance toward several high-risk behaviors, besides drug-taking behavior.

G. Looking to the future and learning from the past

1. A general pattern of drug-taking behavior over time is that specific drugs will come into and fall out of favor. “There is always something old and something new in the U.S. drug scene.” As cocaine use declined in popularity during the 1990s, for example, heroin reemerged as a major drug of abuse. In recent years, prescription painkillers have become increasingly popular drugs of abuse.

2. A serious concern has been the popularity of so-called club drugs, typically ingested in dance clubs and bars. Examples include MDMA (Ecstasy), GHB, Rohypnol, ketamine, methamphetamine (speed, meth, crystal meth), and LSD. Toxicity increases substantially when these drugs are combined with alcohol.

3. While not as problematic as club drugs, the increasing prominence of herbal and non-herbal based products, packaged and marketed as dietary supplements, have raised significant concerns. They are not officially classified as drugs, and governmental regulations are substantially weaker than with regard to prescription or nonprescription (OTC) drugs. In some cases, dietary supplements are used recreationally and adverse reactions can occur. In the instance of ephedra (see Portrait), for example, serious medical risks are involved. In 2004, all sales of ephedra in the United States were banned.
VIDEO SUGGESTIONS


This highly acclaimed PBS series spotlights the intimate experience of addiction as shared by the addicts themselves, their parents, children, and those helping them toward recovery. Part 1 examines the stories of nine men and women, all recovering from drug and/or alcohol abuse.

"Altered States: A History of Drug Use in America" (1993), 58 min., Films for the Humanities and Sciences, P.O. Box 2053, Princeton NJ 08543-2053. Available on VHS or DVD.

A look at the history of drug abuse and misuse in America, from the days of the earliest European settlers, through Prohibition, and up to today. This video traces the cultural, social, and political movements that impacted, or were impacted upon, by the use of drugs.


This series offers advice by young adults who have wrestled with drug dependence and succeeded. Straight-talking testimonials make a strong anti-drug abuse statement.

ESSAY QUESTIONS FOR CHAPTER 1

1.1 Discuss the problems associated with definitions of drugs. Offer a reasonable definition, pp.4-7 then give an example of a substance that might fall into a "gray area" within that definition. How might that substance qualify as a drug and how it might not?

1.2 "The nineteenth-century was a drug addict's paradise," a historian has said. Briefly pp.9-10 discuss the status of psychoactive drugs in that period in light of this statement.

1.3 Given the prevalence rates from 1975 to the present, discuss the general trends in drug use among high school seniors in the United States with respect to marijuana, alcohol, and nicotine.

1.4 Given the research on risk factors and protective factors with regard to one’s pp.18-20 involvement with drugs, describe a hypothetical young person who is highly vulnerable to drug-taking behavior and another hypothetical young person who is highly invulnerable to drug-taking behavior.

1.5 Select two of the six "club drugs" listed in the Drugs...in Focus feature on page 23 of pp.23 Chapter 1 and discuss their behavioral effects and toxicities.

1.6 Distinguish the regulations regarding safety and effectiveness between prescription pp.22-24 drugs and over-the-counter drugs on the other hand and dietary supplements on the other.

1.7 "What's new is sometimes really old." Discuss this statement in light of changing pp.21-24 patterns of drug-taking behavior over the last 50 years, using specific examples from the textbook.

1.8 What is the particular dilemma we face in regulating herbal supplements, from a legal pp.22-24 perspective, following passage of the Dietary Supplement Health and Education Act of 1994?
TRUE/FALSE QUESTIONS FOR CHAPTER 1

1.1  Since 1970, the U.S. government’s position on marijuana is that it has high potential for abuse and no accepted medical use.
Ans:T

1.2  The potential for drug abuse presents a challenge for the elderly as well as adolescents and individuals under the age of 35.
Ans:T

1.3  Drugs that are illegal are referred to as licit drugs.
Ans:F

1.4  Ecstasy has been a licit drug since 2001.
Ans:F

1.5  Alcohol has been an illicit drug since 1965.
Ans:F

1.6  Psychoactive drugs do not modify brain functioning once drug-taking behavior stops.
Ans:F

1.7  The legality of psychoactive drugs may depend on cultural and historical circumstances.
Ans:T

1.8  Some substances that can be harmful to the user are legal.
Ans:T

1.9  Only legal drugs have instrumental uses.
Ans:F

1.10  For a drug to have a recreational use, the user must take the drug for the purposes of acquiring the effect of the drug itself.
Ans:T

1.11  Drug misuse typically applies to the inappropriate use of prescription or nonprescription drugs.
Ans:T

1.12  The elderly are highly vulnerable to drug misuse.
Ans:T

1.13  Drug abuse can involve either licit or illicit substances.
Ans:T
1.14 Instrumental use is the primary motivation for drug abuse.
Ans:F

1.15 Willow bark is the source of present-day marijuana.
Ans:F

1.16 The senna plant has been successfully used for the treatment of constipation.
Ans:T

1.17 Another name for a primitive healer is a shaman.
Ans:T

1.18 The Egyptian scroll referred to as the Ebers Papyrus, was eventually proved to be a hoax.
Ans:F

1.19 Patient records indicate that the Ebers Papyrus had a surprisingly high success rate for healing patients.
Ans:F

1.20 Patent medicines refer to products that have been patented and distributed by pharmaceutical companies, following a lengthy process of FDA approval.
Ans:F

1.21 Laudanum is a liquid form of nicotine.
Ans:F

1.22 In the nineteenth century, it was common for infants and children in the United States and England to take opium.
Ans:T

1.23 The degree of social acceptance of opium in the nineteenth century was dependent on the manner in which opium was ingested.
Ans:T

1.24 Until 1903, the formula for Coca-Cola contained opium.
Ans:F

1.25 Freud believed that an effective treatment for morphine addiction was the use of cocaine.
Ans:T

1.26 The era of Prohibition in the United States began when the 18th Amendment to the U.S. Constitution took effect in 1920.
Ans:T

1.27 Chlorpromazine (brand name: Thorazine) is considered to be one of the original drugs for the treatment of schizophrenia.
Ans:T
1.28 Neuroscience, a new branch of biological science, came into being in the early 1940s during World War II.

Ans:F

1.29 Crack, a form of smokable cocaine, appeared on the scene in the mid-1980s.

Ans:T

1.30 The “war on drugs” in the United States is a war focusing primarily on “designer drugs.”

Ans:F

1.31 The University of Michigan drug-use surveys make use of the responses of all high-school seniors in the United States.

Ans:F

1.32 One of the best known surveys that examines drug taking patterns of young people annually since 1975, has been conducted by the University of Minnesota.

Ans:F

1.33 The University of Michigan surveys have revealed that current levels of drug use among high school seniors are substantially higher than drug use levels in the 1970s.

Ans:F

1.34 The prevalence rate in 2005 among high-school seniors with respect to marijuana and LSD is considerably lower than the prevalence rate during the mid-1970s.

Ans:T

1.35 African American high school seniors smoke more cigarettes than white students.

Ans:F

1.36 There are essentially no differences in the patterns of drug-taking behavior among white, African American, and Latino high school seniors, according to the University of Michigan surveys.

Ans:F

1.37 Research has shown that during difficult times in life, an individual may be inclined to return to old patterns of drug-taking behavior.

Ans:T

1.38 Until recently, surveys have shown that fewer college students smoke cigarettes than high school seniors.

Ans:T

1.39 In the 1990s, the University of Michigan surveys showed that high school seniors showed a decreasing trend in viewing regular drug use as dangerous.

Ans:T

1.40 The National Survey on Drug Use and Health examines the prevalence rates of illicit drug use among Americans in several age groups across the life span.

Ans:T

1.41 "To have a good time with my friends" is a frequent answer of high-school seniors when asked why they take drugs.

Ans:T
A member of a socially deviant subculture is quite often an accomplished student in school.

Understanding individuals’ risk factors and protective factors gives us some idea of which individuals are likely to use drugs and which will not.

Generally low educational aspirations represent a risk factor for drug use.

The presence of protective factors can provide the basis for resilience toward drug use among high-risk adolescents.

Protective factors are the negation (or the inverted image) of risk factors.

Though it is impossible to predict drug-taking behavior in the future, historical patterns can serve as guides.

Cocaine-snorting and heroin-smoking are two forms of drug-taking behavior that avoid the possibility of being infected with the AIDS virus.

Cocaine, heroin, and creatine are examples of “club drugs.”

Ketamine is not considered a “club drug.”

An example of an herb-based dietary supplement is gingko biloba.

According to the Dietary Supplement Health and Education Act of 1994, dietary supplements do not have to meet the same review and evaluation criteria as prescription and over-the-counter drugs.

MULTIPLE CHOICE QUESTIONS FOR CHAPTER 1
(Difficulty levels: E - easy, M - medium difficulty, C - challenging)

Since 1970, marijuana has been officially classified in the United States as a controlled substance in the same category as

A. barbiturates
B. heroin
C. cocaine
D. antianxiety medication (tranquilizers)
1.2 The potential for drug abuse in general presents a greater challenge for
A. men than for women
B. African Americans than for Latinos
C. young people than for the elderly
D. none of the above

1.3 Which of the following is NOT an illicit drug in the United States?
A. cocaine
B. heroin
C. nicotine
D. ketamine

1.4 Which of the following is an illicit drug in the United States?
A. alcohol
B. nicotine
C. caffeine
D. LSD

1.5 Analogy: illicit drugs are to cocaine as licit drugs are to
A. crack
B. heroin
C. alcohol
D. ecstasy

1.6 According to the text, drugs such as alcohol and nicotine are referred to as
A. illegal drugs
B. licit drugs
C. illicit drugs
D. over-the-counter drugs

1.7 Signs of drug dependence include:
A. intense cravings for the drug
B. need for increasingly greater quantities of the drug to get the same desired effect
C. becoming preoccupied with drug-taking behavior
D. all of the above

1.8 Which statement is true?
A. All psychoactive drugs produce dependence
B. Some psychoactive drugs produce dependence
C. Only illicit psychoactive drugs produce dependence
D. All dependence-producing drugs are illicit

1.9 By the definition used in the textbook, a chemical substance would be considered a drug if
A. it intoxicated you
B. it had an impact on brain functioning
C. it served as a nutrient for your body
D. both A and B

1.10 An over-the-counter (OTC) cold remedy taken for a cold would be classified as a(n)
A. licit drug for instrumental use
B. illicit drug for instrumental use
C. licit drug for recreational use
D. illicit drug for recreational use
1.11 Alcohol and nicotine generally belong to a category of
p.6 A. licit drugs for instrumental use
M B. licit drugs for recreational use
Ans:B C. illicit drugs for recreational use
D. illicit drugs for instrumental use

1.12 Analogy: Licit recreational drug use is to smoking a cigarette as illicit recreational drug
use is to
C A. smoking marijuana
Ans:D B. drinking a caffeinated beverage
C. injecting heroin
D. both A and C

1.13 Cathy needs to stay awake to study for her psychology midterm, so she decides to take
p.6 an amphetamine to keep from falling asleep. In this case, the drug had a(n) _____ use.
M A. recreational
Ans:B B. instrumental
C. uninstrumental
D. precreational

1.14 Dr. Smith recommends that drinking four ounces of an alcoholic beverage per day to his
p.6 patient. The use of alcohol in this case is best described as
E A. illicit
Ans:B B. instrumental
C. recreational
D. forensic

1.15 Instances in which a prescription or nonprescription drug is used in an inappropriate way
p.6 are regarded as
M A. illicit drug-taking behavior
Ans:C B. extremely rare
C. drug misuse
D. drug abuse

1.16 Which of the following is an example of drug misuse?
pp.6-7 A. taking a sleeping pill while drinking beer
M B. taking your mother’s prescription pain medication for a toothache
Ans:D C. taking aspirin after its expiration date
D. all of the above

1.17 A particularly dangerous situation can result when medications are combined with
p.7 A. caffeine
E B. alcohol
Ans:B C. nicotine
D. excessive water

1.18 Instances of drug abuse involve
p.7 A. illicit drugs only
M B. licit drugs only
Ans:D C. instrumental use of drugs
D. licit or illicit drugs
1.19 Which of the following plants has (have) been sources of hallucinogenic effects?
   A. morning glories
   B. yellow-orange fruits on cacti
   C. certain types of mushrooms
   D. all of the above
   Ans:D

1.20 Analogy: Willow bark is to senna as
   A. aspirin is to laxative
   B. hallucinogenic is to non-hallucinogenic
   Ans:A
   C. poisonous is to non-poisonous
   D. constipation is to headache

1.21 A shaman is
   A. a primitive healer
   B. an "extinct" cultural phenomenon
   Ans:A
   C. an individual who relies upon elaborate rituals
   D. often appointed at random among young females in a tribe

1.22 Which statement is NOT true?
   A. Shamans still exist in some areas of the world
   B. The decline of shamanism was due to the development of centralized religions in Egyptian and Babylon societies
   Ans:C
   C. Shamanism was eventually replaced by a more extreme form in certain parts of the world and then died out completely
   D. Modern shamanic healing utilizes hallucination-producing plants

1.23 The Ebers Papyrus contained
   A. the secrets to the location of medicinal herbs hidden in royal tombs
   B. totally useless remedies for common diseases
   Ans:C
   C. recipes for preparations used in medical treatment
   D. ancient Babylonian writings that were later found to be a hoax

1.24 Analogy: Placebo effect is to a genuine effect as
   A. ancient is to modern
   B. physiological is to psychological
   Ans:A
   C. shamans are to priests
   D. psychological is to physiological

1.25 Viking warriors known as Berserkers displayed wild behavior due to ingestion of which psychoactive drug?
   A. DMT
   Ans:B
   B. Amanita muscaria, also known as fly agaric
   C. Bupromorphine
   D. Berserkium

1.26 The toads that were often included in "witch's brew" recipes
   A. were quite poisonous
   B. produced hallucinatory and blood-pressure elevating effects
   Ans:B
   C. were effective only by virtue of a placebo effect
   D. had no effect whatsoever

1.27 _________ is the primary active ingredient in opium.
   A. cocaine
   B. morphine
   Ans:B
   C. nicotine
   D. heroin
1.28 Analogy: Edward Jenner is to Louis Pasteur as
p.9  A. smallpox is to rabies
C   B. bromides are to chloral hydrate
Ans:A C. a placebo effect is to a vaccine
   D. morphine is to opium

1.29 Patent medicines in the 1800s were purchased through
p.10  A. peddlers
M   B. general stores
Ans:D C. mail-order advertisements
   D. all of the above

1.30 Patent medicines in the nineteenth century contained:
p.10  A. opium, heroin, and nicotine
M   B. opium, cocaine, and heroin
Ans:D C. alcohol, cocaine, and nicotine
   D. opium, cocaine, and alcohol

1.31 Laudanum was a drink containing which psychoactive drug?
p.10  A. cocaine
M   B. alcohol and cocaine
Ans:C C. opium
   D. extract of laudanum

1.32 Opium use in the nineteenth century was
p.10  A. limited to the wealthy
M   B. primarily associated with the poor
Ans:C C. associated with practically everyone
   D. limited to infants and children

1.33 The attraction of opium used prior to 1900 was related to its being
p.10  A. cheap
M   B. legal
Ans:D C. easily available
   D. all of the above

1.34 Which of the following was regarded as a respectable way to use opium?
p.10  A. snorting it
M   B. smoking it
Ans:D C. injecting it
   D. drinking it

1.35 Which of the following was regarded as a degrading and immoral way to use opium?
p.10  A. snorting it
E   B. smoking it
Ans:B C. injecting it
   D. drinking it

1.36 In the nineteenth century, opium-drinking was
p.10  A. associated with Coca-Cola beverages
M   B. another name for opium-smoking
Ans:C C. generally tolerated and considered respectable
   D. associated with Chinese immigrants in America
1.37 Until 1903, Coca-Cola contained which of the following psychoactive drugs?
A. opium
B. cocaine
C. alcohol
D. a combination of opium and alcohol
Ans: B

1.38 A prominent nineteenth century advocate of cocaine use was
A. Louis Pasteur
B. Alexander Fleming
C. Edward Jenner
D. Sigmund Freud
Ans: D

1.39 If you were alive in 1900, you would consider heroin to be
A. safe and completely legal
B. a dangerous alternative to morphine
C. belonging to the cocaine family of drugs
D. a menace to society
Ans: A

1.40 In the early twentieth century, for which of the following disorders would heroin NOT have been advised as a medicine?
A. pneumonia
B. smallpox
C. tuberculosis
D. morphine addiction
Ans: B

1.41 The Women's Christian Temperance Union (WCTU) and the temperance movement in general were dedicated to the prohibition of which psychoactive drug?
A. alcohol
B. cocaine
C. marijuana
D. all drugs
Ans: A

1.42 The Eighteenth Amendment to the U.S. Constitution restricted which of the following psychoactive drugs?
A. heroin and other opiates
B. cocaine
C. tobacco
D. alcohol
Ans: D

1.43 The Prohibition era in U.S. history is associated with which prohibited drug?
A. opium
B. cocaine
C. alcohol
D. marijuana
Ans: C

1.44 The social problems associated with the Prohibition era have often been cited as an argument against
A. prevention programs for drug abuse
B. restricting drugs in general
C. encouraging chronic alcohol abuse
D. all of the above
Ans: B
1.45 Some molds and fungi have been sources of which class of drugs?

A. drugs effective in treating schizophrenia
B. drugs effective in treating bacterial infections
C. drugs effective in treating constipation
D. aspirin and other headache medications

Ans:B

1.46 Chlorpromazine was an early

A. antibiotic drug
B. antispasmodic drug
C. antischizophrenia drug
D. antidiuretic drug

Ans:C

1.47 Which decade is generally associated with the beginning of drug use among middle-class young Americans?

A. 1920s
B. 1940s
C. 1950s
D. 1960s

Ans:D

1.48 Neuroscience research has focused upon which of the following aspects of the body?

A. the functioning of the brain
B. the workings of the small and large intestines
C. the processes underlying bacterial infections
D. the cardiovascular system

Ans:A

1.49 The name for a branch of science joining the efforts of biochemists, pharmacologists, psychologists, and psychiatrists, among others in order to study brain functioning is

A. psychopharmacology
B. endocrinology
C. neuroscience
D. neurology

Ans:C

1.50 Neuroscience examines

A. the relationship between psychology and biology
B. the relationship between brain functioning and biology
C. the relationship between brain functioning and human behavior
D. the relationship between pharmacology and brain functioning

Ans:C

1.51 Crack is defined as

A. a smokable form of opium
B. a smokable form of cocaine
C. a smokable form of heroin
D. an injectable form of tobacco

Ans:B

1.52 In the 1980s, cocaine was

A. considered very glamorous
B. very inexpensive
C. getting a great deal of media attention
D. both A and C.

Ans:D

1.53 Structural analogs of existing illicit drugs are often referred to as

A. exclusive drugs
B. designer drugs
C. dietary supplements
D. off-label drugs

Ans:B
The most recent attitude toward drug-taking behavior considers
A. a wide range of licit and illicit drugs with varying levels of potential for misuse or abuse
B. an increasingly narrow definition of psychoactive drugs
C. criteria that effectively exclude alcohol and nicotine from being classified as drugs
D. problems associated with illicit drugs to the exclusion of problems associated with licit drugs

According to the text, a recent study has found that
A. prior marijuana drug use among parents leads to increased marijuana use by their children
B. prior marijuana drug use among parents leads to a slightly decreased level of marijuana use by their children
C. prior marijuana drug use among parents leads to absolutely no marijuana use by their children
D. there is no relationship between marijuana drug use among parents and marijuana drug use of their children

The University of Michigan survey is based upon reports of drug-taking behavior among
A. college students
B. eighth, tenth, and twelfth grade students
C. young adults
D. all of the above

A major disadvantage of the University of Michigan survey is that
A. high school dropouts are not included
B. it is conducted every five years
C. college students are included
D. it has only been conducted since 1995

In 1979, about _____ of U.S. high school seniors had reported illicit drug use.
A. 3/4
B. 1/2
C. 1/8
D. 1/4

Advantages of repeating the University of Michigan survey year after year include all of the following EXCEPT:
A. it allows us to examine trends in drug-taking behavior over time
B. it allows us to compare the use of one drug relative to another
C. it allows prevalence rates to be examined from year to year
D. it allows us to examine the effects of drug-taking behavior on the participant sample as they grow up

Whether drug use has occurred within the previous 30 days is an indication of
A. drug experimentation
B. moderate drug use
C. heavy drug use
D. the social problems associated with drug-taking behavior
1.61 According to the University of Michigan survey, in 2005 about _____ of U.S. high school seniors had used an illicit drug during the previous year.

C A. 17%
B. 38%
C. 63%
D. 77%

1.62 Illicit drug experimentation in 2005 has been reported to be

A. less than figures reported in 1979
B. more than figures reported in 1979
C. practically equal to figures reported in 1979
D. at a record low, since the University of Michigan survey began in 1975

1.63 Which forms of drug-taking behavior is associated more with white high school seniors than with African American high school seniors?

C A. daily cigarette smoking
B. binge drinking
C. cocaine and crack cocaine abuse
D. all of the above

1.64 Relative to 1996, the prevalence rate in 2005 among eighth graders has declined for

C A. amphetamines
B. cigarettes
C. marijuana
D. all of the above

1.65 Studies following the lives of young adults for as long as fourteen years after their graduation from high school show that a return to drug use after years of abstinence frequently follows which of the following life-events?

A. raising a family
B. marriage
C. job relocation
D. divorce

1.66 In 2005, high school seniors reported drinking an alcoholic beverage in the previous month at a prevalence rate that was approximately ______ the rate reported with respect to illicit drugs in the previous month.

C A. three times
B. one-half
C. two times
D. the same as

1.67 According to the 2005 University of Michigan survey, about one-half of high school seniors reported having consumed ______ in the past month.

M A. alcohol
B. cigarettes
C. cocaine
D. a hallucinogenic drug

1.68 According to the University of Michigan survey, binge drinking is defined as consuming ______ or more alcoholic drinks in a row.

E A. 5
B. 7
C. 10
D. 15
1.69 Alcohol use among _____ has declined since 1980 to a lesser degree than alcohol use among high school seniors.
C        A. college students
Ans:A   B. eighth graders
        C. tenth graders
        D. high school dropouts

1.70 According to the text, it is likely that the decline of alcohol consumption from the 1980s to the present among high school seniors has been attributed to
M        A. the increased use of cigarette smoking
Ans:B   B. the reduced accessibility to alcohol for minors
        C. the “know when to say when” message promoted by beer companies
        D. a substantial increase in every other category of drug-taking behavior

1.71 The most frequently used drug on a daily basis by high school students is
p.17 E   A. alcohol
Ans:C   B. marijuana
        C. nicotine
        D. some form of inhalants

1.72 In comparison to rates of nicotine use among high school seniors in 1977, current usage rates among high school seniors are
p.17 M        A. higher
Ans:B   B. lower
        C. the same
        D. rates fluctuate too often to be accurate

1.73 When compared to high school seniors, fewer college students smoke cigarettes. This statistic is due to:
M        A. a change in smoking behavior from high school to college
Ans:B   B. the heaviest smokers not being included in the college population
        C. college students having less access to cigarettes
        D. both A and C

1.74 Non-college bound high school seniors are ____ times more likely to smoke at least a half pack of cigarettes a day than college bound high school seniors.
M        A. 2
Ans:B   B. 2 ½
        C. 3
        D. 3 ½

1.75 Societal changes in the 1990s which the text cites as reasons why youngsters did not have a tendency to view regular drug use as dangerous include
M        A. lack of drug abuse prevention programs in schools
Ans:D   B. poor communication between parents and children regarding drugs
        C. lack of anti-drug public service messages in the media
        D. all of the above

1.76 According to the University of Michigan surveys, approximately ____ of adults aged 26 or older in 2004 have used an illicit drug within the previous year.
C        A. 4 percent
Ans:C   B. 6 percent
        C. 10 percent
        D. 30 percent
1.77 A major limitation in interpreting the University of Michigan survey of adults is that
p.18 A. millions of adults refused to participate
M B. fewer adults were surveyed compared to high school seniors
Ans:C C. institutionalized patients and homeless people failed to be represented
D. adults were more likely to report false data
in the sample

1.78 When asked about their motivation for drug use, high school seniors have frequently
cited
p.18 A. dissatisfaction with their parents
M B. parental abuse
Ans:D C. economic hardship
D. peer influence

1.79 Vulnerability toward drug-taking behavior is shaped by which type(s) of factors in a
person’s life
pp.18-19 A. risk factors
E B. protective factors
Ans:D C. conjoint factors
D. both A and B

1.80 Analogy: Risk factors are to protective factors as:
p.19 A. illicit drug use is to licit drug use
E B. daily drug use is to recreational drug use
Ans:C C. more likely to use drugs is to less likely to use drugs
D. drug abuse is to drug misuse

1.81 Which factor is considered a risk factor for drug use?
p.19 A. socioeconomic status
M B. membership in a deviant subculture
Ans:B C. high self-esteem
D. overly strong parent-child attachment

1.82 Generally speaking, as the number of risk factors ____, the likelihood of drug use ____.
p.19 A. increases; decreases
E B. decreases; increases
Ans:C C. increases; increases
D. there is no relationship

1.83 The leading risk factor(s) for marijuana use include
p.19 A. potential approval/disapproval of friends by one’s parents
C B. degree of marijuana availability
Ans:D C. inclination towards other drug use
D. all of the above

1.84 Which is NOT a protective factor for drug use?
p.20 A. parent's educational level
M B. closeness to an adult outside the family
Ans:C C. easy availability of drugs in one's environment
D. socially conforming attitudes

1.85 Having six or more protective factors in one's life produces the following:
p.20 A. It lowers the level of resistance against drug use
C B. It raises the level of resistance against drug use
Ans:B C. It does next to nothing
D. Sometimes it lowers the level of resistance, sometimes not
According to a study cited in the text, as the number of protective factors _____, the resistance to drug use ______.

E  A. increased; decreased  
Ans:C  B. decreased; increased  
C. increased; increased  
D. there was no relationship

Developmental assets have been found to increase the resistance toward

E  A. illicit drug use  
B. problem alcohol use  
Ans:D  C. high-risk behaviors, such as sexual activity and violence  
D. all of the above

Drug use involving a hypodermic syringe carries a particular risk of

E  A. creating a cycle of dependence  
B. being infected by the virus responsible for AIDS  
Ans:B  C. heroin abuse  
D. cocaine abuse

In the 1990s, heroin regained popularity in part because:

M  A. injecting heroin with syringes became safer  
B. snorting heroin attracted new users who previously avoided heroin due to fears of injecting it  
Ans:B  C. it became a trend to use heroin while snorting cocaine  
D. all of the above

_______ refer to substances often ingested at all-night dance parties.

E  A. rave drugs  
B. club drugs  
Ans:B  C. night drugs  
D. underground drugs

One of the following is NOT considered a “club drug.”

E  A. smokable heroin  
B. MDMA (Ecstasy)  
Ans:A  C. ketamine  
D. LSD

What is particularly dangerous about many club drugs?

E  A. they are colorless, odorless, and tasteless  
B. they can be slipped into drinks unobtrusively  
Ans:D  C. they have been used in sexual assault cases  
D. all of the above

Which is true about dietary supplements?

M  A. They are used by a very small proportion of the U.S. population.  
B. They are not officially classified as drugs.  
Ans:B  C. They are required to meet the same safety standards as prescription drugs  
D. Rohypnol and MDMA are examples.

According to a federal ruling in 2000, toward which physical conditions can dietary supplements claim to be directed?

C  A. aging and menopause  
Ans:A  B. diabetes and cancer  
C. heart disease and stroke  
D. syphilis and other venereal diseases
1.95 The Dietary Supplement Health and Education Act of 1994
p.22 A. ensures that all dietary supplements are safe and effective
M B. requires that the supplement must include a disclaimer saying
Ans:B “the U.S. Food and Drug Administration has not evaluated the product”
C. recognizes dietary supplements as drugs so that they must fit FDA criteria
D. ensures dietary supplements have gone through rigorous review
    and evaluation procedures before being available to the public

1.96 An "herbal high" generally refers to the recreational use of
p.24 A. dietary supplements
E B. raw sugar
Ans:A C. marijuana
    D. heroin

1.97 The Chinese herb *ma huang* is the botanical origin of
p.24 A. cocaine
M B. St. John’s wort
Ans:C C. ephedra
    D. GHB

1.98 As of 2004, ephedra sales have been banned
p.25 A. in Europe only
E B. in Canada only
Ans:C C. in the United States
    D. in only a small number of U.S. states