

NATIONAL CERTIFIED ADDICTION COUNSELOR, LEVEL I (NCAC I) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nationalcertifiedaddictioncounselor-ncac1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

1. Which component is NOT typically associated with the effects of THC?

- A. Heightened sensory perception
- B. Alleviated pain through direct binding to receptors
- C. Psychoactive effects not alleviating pain
- D. Relaxation and euphoria

2. How does LSD generally leave the body?

- A. It is metabolized and excreted as urine
- B. It is expelled through sweat
- C. You shit it out
- D. It dissipates through breathing

3. What kind of dependence is observed with benzodiazepine use in neurotypical individuals?

- A. High psychological dependence
- B. No physical dependence
- C. Little psychological dependence
- D. Severe physical dependence

4. Which Xanthine is considered the strongest CNS stimulant?

- A. Caffeine
- B. Theophylline
- C. Theobromine
- D. Chocolate

5. Which schedule represents substances that may lead to limited dependence and have accepted medical uses?

- A. Schedule III
- B. Schedule IV
- C. Schedule V
- D. Schedule I

- 6. Marinol is best described as which of the following?**
- A. A synthetic cannabinoid in oil form
 - B. An unprocessed form of cannabis
 - C. The pharmaceutical pill form of THC
 - D. A recreational drug for psychoactive effects
- 7. What defines the dispensing ability of Schedule IV drugs?**
- A. Can be dispensed by authorized prescriber
 - B. Cannot be dispensed by anyone
 - C. Can only be dispensed in hospitals
 - D. Can be sold over the counter
- 8. What is a primary characteristic of withdrawal from inhalants and solvents?**
- A. Physical dependence is notable
 - B. Withdrawal symptoms are severe
 - C. Dependence is psychological
 - D. Detox is required for all users
- 9. Withdrawal from barbiturates is associated with which outcome?**
- A. Low mortality rates
 - B. High dependence on medication
 - C. Most deaths
 - D. Excessive sedation
- 10. What is the estimated toxicity level for nicotine?**
- A. 30-50 milligrams
 - B. 40-60 milligrams
 - C. 50-70 milligrams
 - D. 60-80 milligrams

Answers

SAMPLE

1. B
2. C
3. C
4. A
5. B
6. C
7. A
8. C
9. C
10. B

SAMPLE

Explanations

SAMPLE

1. Which component is NOT typically associated with the effects of THC?

- A. Heightened sensory perception
- B. Alleviated pain through direct binding to receptors**
- C. Psychoactive effects not alleviating pain
- D. Relaxation and euphoria

The option regarding alleviated pain through direct binding to receptors is notable because, while THC does interact with the body's cannabinoid receptors to influence pain perception, the statement implies a direct and primary role in pain relief that might not fully encompass the complexity of its effects. THC can indeed reduce pain, but this analgesic effect is often secondary to its psychoactive properties and can be influenced by various factors including individual differences and the context in which it is used. In contrast, heightened sensory perception, relaxation and euphoria, and psychoactive effects are widely recognized as significant effects associated with THC use. These components are well-documented in literature related to THC due to its reputation for enhancing sensory experiences and inducing feelings of well-being.

2. How does LSD generally leave the body?

- A. It is metabolized and excreted as urine
- B. It is expelled through sweat
- C. You shit it out**
- D. It dissipates through breathing

LSD, or lysergic acid diethylamide, is primarily eliminated from the body through metabolic processes and is largely excreted in urine. This means that after ingestion, the body metabolizes LSD, and the metabolites are then eliminated mainly through urine. This is an important aspect of understanding how drugs are processed in the body, as it can influence testing for drug use and the potential for drug interactions. While LSD is not significantly expelled through feces, sweat, or breath, it is crucial to understand that its metabolites can remain in the body for some time after the effects of the drug have worn off. The process of metabolism and subsequent excretion plays a vital role in pharmacology and addiction counseling, as it informs counselors about the potential for drug traces to remain detectable in biological specimens. Thus, the correct understanding highlights the metabolic and renal excretion pathways associated with LSD, contributing to a comprehensive view of how the body processes various substances.

3. What kind of dependence is observed with benzodiazepine use in neurotypical individuals?

- A. High psychological dependence
- B. No physical dependence
- C. Little psychological dependence**
- D. Severe physical dependence

When discussing benzodiazepines and their use among neurotypical individuals, the nature of dependence that develops is primarily psychological rather than physical. While these medications can lead to a level of psychological dependence due to their calming and anxiety-reducing properties, neurotypical individuals may not experience the same degree of physical dependence that is often observed with other substances, such as opioids or alcohol. Benzodiazepines can create a reliance where users feel they need the medication to function or cope with anxiety or stress; this reliance reflects more on the mind's association with the drug's effects rather than a physiological withdrawal syndrome that is characterized by severe physical symptoms. Furthermore, understanding that while some psychological dependence can occur, many individuals do not develop a profound dependence that could result in significant impairment or severe withdrawal symptoms upon cessation. In summary, the primary occurrence in this context is a minimal level of psychological dependence, allowing for the identification of the correct answer as it aligns with the patterns of use and reactions typically observed in neurotypical individuals using benzodiazepines.

4. Which Xanthine is considered the strongest CNS stimulant?

- A. Caffeine**
- B. Theophylline
- C. Theobromine
- D. Chocolate

Caffeine is recognized as the strongest CNS (central nervous system) stimulant among the xanthines. It works primarily by blocking adenosine receptors, leading to increased neuronal excitability and the release of neurotransmitters like dopamine and norepinephrine. This mechanism contributes to heightened alertness, reduced fatigue, and an overall stimulating effect on the brain, making it the most potent of the xanthines in terms of its ability to stimulate the CNS. In contrast, theophylline and theobromine, while they also have stimulant properties, are much weaker in comparison to caffeine. Theophylline is primarily used for its bronchodilator effects in respiratory conditions, and it has a much lower impact on central nervous system stimulation. Theobromine, found in chocolate, has mild stimulant effects but is considered even less potent than theophylline. Chocolate itself contains theobromine and is often associated with a sense of enjoyment due to its taste and other mood-enhancing compounds, but its stimulant effects are much less pronounced than those of caffeine.

5. Which schedule represents substances that may lead to limited dependence and have accepted medical uses?

- A. Schedule III
- B. Schedule IV**
- C. Schedule V
- D. Schedule I

The classification of controlled substances is based on their potential for abuse, accepted medical use, and the level of dependency they may cause. Substances categorized under Schedule IV are those that have a legitimate medical use and a low potential for abuse relative to substances in higher schedules. While there is still some risk of dependency, it is significantly limited compared to higher schedules. Schedule IV includes medications like certain anti-anxiety agents and muscle relaxants, which can be prescribed for legitimate medical needs. These drugs can have risks associated with misuse or addiction, but they are also deemed safe enough for medical application when used as directed. In contrast, the other schedules present substances with varying levels of potential for dependence and medical acceptance. Schedule III substances may lead to moderate dependence and have accepted medical uses, but they are generally considered to have a higher potential for abuse than Schedule IV. Schedule V medications have even lower abuse potential than Schedule IV but are not as commonly recognized in practice. Lastly, Schedule I substances are characterized by a high potential for abuse and no accepted medical use. Thus, Schedule IV is accurately represented as containing substances that may support limited dependence while having accepted medical uses.

6. Marinol is best described as which of the following?

- A. A synthetic cannabinoid in oil form
- B. An unprocessed form of cannabis
- C. The pharmaceutical pill form of THC**
- D. A recreational drug for psychoactive effects

Marinol is accurately described as the pharmaceutical pill form of THC (tetrahydrocannabinol), which is the primary psychoactive compound found in cannabis. It is specifically formulated for medical use and is prescribed to treat conditions such as nausea and vomiting associated with chemotherapy, as well as to enhance appetite in patients with AIDS. Marinol contains synthetic THC that mimics the effects of natural THC but is standardized for dosage and purity, making it a regulated pharmaceutical option. The other descriptions do not appropriately fit Marinol. It is not simply a synthetic cannabinoid in oil form, as that would exclude its display as a standardized pill. It also does not refer to an unprocessed form of cannabis, since Marinol is a manufactured drug derived from THC rather than raw cannabis. Lastly, while it does produce psychoactive effects, it is not primarily classified or marketed as a recreational drug but rather as a therapeutic medication aimed at addressing specific health issues. This distinction is critical in understanding the role and application of Marinol within medical contexts.

7. What defines the dispensing ability of Schedule IV drugs?

A. Can be dispensed by authorized prescriber

B. Cannot be dispensed by anyone

C. Can only be dispensed in hospitals

D. Can be sold over the counter

The dispensing ability of Schedule IV drugs is defined by the fact that they can be dispensed by authorized prescribers. Schedule IV substances are classified as having a lower potential for abuse compared to those in higher schedules, such as Schedule I, II, or III, but they can still lead to dependence. This classification allows for licensed healthcare providers, such as doctors and nurse practitioners, to prescribe these medications legally, thereby ensuring that patients can access necessary treatments while still adhering to regulations aimed at preventing misuse. In contrast, the other options do not accurately reflect the regulations surrounding Schedule IV substances. For example, stating that they cannot be dispensed by anyone ignores the fact that authorized professionals play a crucial role in managing their use. Similarly, the claim that these drugs can only be dispensed in hospitals is incorrect, as they can be prescribed for outpatient use as well. Finally, the option suggesting that they can be sold over the counter is inaccurate; Schedule IV drugs still require a prescription due to their potential for misuse and the necessity for medical oversight.

8. What is a primary characteristic of withdrawal from inhalants and solvents?

A. Physical dependence is notable

B. Withdrawal symptoms are severe

C. Dependence is psychological

D. Detox is required for all users

Withdrawal from inhalants and solvents is primarily characterized by psychological dependence. Inhalants can lead users to develop a reliance on the euphoric effects they provide, often without leading to significant physical withdrawal symptoms that are characteristic of substances such as alcohol or opioids. Instead, individuals may experience strong cravings and psychological distress when not using the inhalant. While it's true that some users may exhibit mild physical symptoms, they typically do not only manifest severe or life-threatening withdrawal symptoms, making the psychological aspect more pronounced. Because of this psychological dependence, users might feel a compulsive need to seek out inhalants despite negative consequences. This distinction between psychological and physical dependence is essential in understanding how withdrawal from inhalants and solvents functions, and highlights why psychological dependence is key in this context.

9. Withdrawal from barbiturates is associated with which outcome?

- A. Low mortality rates
- B. High dependence on medication
- C. Most deaths**
- D. Excessive sedation

Withdrawal from barbiturates is associated with significant risks, and one of the most serious outcomes is the potential for high mortality rates. Barbiturates, which are central nervous system depressants, can lead to severe physiological dependence, and the withdrawal process can trigger life-threatening symptoms such as seizures or delirium. The risk of complications during withdrawal is high, and the severity of the symptoms can lead to fatal outcomes if not managed properly. Understanding the context of barbiturate use and dependence is vital. The physical dependence that develops can result in withdrawal symptoms that are dangerous, necessitating a medically supervised detoxification process. This is contrasted with other substances where withdrawal may be uncomfortable but less lethal. The mortality risk during barbiturate withdrawal highlights the importance of appropriate intervention and management, as individuals who attempt to withdraw without medical assistance face a far greater risk of adverse outcomes.

10. What is the estimated toxicity level for nicotine?

- A. 30-50 milligrams
- B. 40-60 milligrams**
- C. 50-70 milligrams
- D. 60-80 milligrams

The estimated toxicity level for nicotine is widely recognized to fall within the range of 40-60 milligrams for an adult. This is the point at which potentially fatal symptoms may begin to manifest when nicotine is consumed in a single acute dose. Understanding this range is crucial for healthcare professionals, particularly addiction counselors, as it helps inform risk assessments and education regarding nicotine use and potential overdose in clients. It's important to recognize that variations in individual sensitivity to nicotine can occur, and factors such as body weight, tolerance, and overall health can influence a person's response. Therefore, the figure of 40-60 milligrams serves as a general guideline in assessing potential toxicity without undermining the complexity of individual circumstances.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nationalcertifiedaddictioncounselor-ncac1.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE