

Addiction Medicine Boards Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which two benzodiazepines are known to have metabolites of nordiazepam and oxazepam?**
 - A. Epinephrine and Diazepam**
 - B. Chlordiazepoxide and Diazepam**
 - C. Alprazolam and Lorazepam**
 - D. Clonazepam and Temazepam**
- 2. Which enzyme is primarily responsible for nicotine metabolism?**
 - A. CYP2D6**
 - B. CYP2A6**
 - C. CYP3A4**
 - D. CYP1A2**
- 3. What trend has been observed regarding adolescent illicit drug use?**
 - A. Increasing overall**
 - B. Decreasing overall**
 - C. Stable over the years**
 - D. Fluctuating significantly**
- 4. Which of the following may be a consequence of personality disorders in the context of substance use treatment?**
 - A. Stronger therapeutic alliances**
 - B. Greater challenges in treatment adherence**
 - C. Lower risk of co-occurring disorders**
 - D. Better coping strategies**
- 5. What is the first-line treatment approach for tobacco use disorder in pregnant individuals?**
 - A. Counseling**
 - B. Nicotine Replacement Therapy (NRT)**
 - C. Bupropion**
 - D. Behavioral therapy**

6. What physiological effect does smoking have that might help alleviate symptoms of depression?

- A. Increased serotonin levels**
- B. MAO-I activity**
- C. Dopamine release**
- D. Reduced cortisol levels**

7. Which enzyme is primarily responsible for the metabolism of nicotine in the body?

- A. CYP2A6**
- B. UDP-glucuronosyltransferase**
- C. CYP3A4**
- D. MAO-A**

8. What does normative education in drug prevention typically promote?

- A. Resistance to social media influences**
- B. Awareness of peer substance use statistics**
- C. Understanding parental substance use**
- D. Engaging in community service projects**

9. On which type of receptor does nicotine primarily act?

- A. Dopaminergic Receptors**
- B. Adrenergic Receptors**
- C. Nicotinic Acetylcholine Receptors**
- D. Serotonin Receptors**

10. Who is most commonly affected by gambling disorder?

- A. Young women**
- B. Older adults**
- C. Young men and veterans**
- D. Teenage girls**

Answers

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

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Explanations

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1. Which two benzodiazepines are known to have metabolites of nordiazepam and oxazepam?

- A. Epinephrine and Diazepam**
- B. Chlordiazepoxide and Diazepam**
- C. Alprazolam and Lorazepam**
- D. Clonazepam and Temazepam**

The correct answer identifies chlordiazepoxide and diazepam as the benzodiazepines that have nordiazepam and oxazepam as their metabolites. Both chlordiazepoxide and diazepam belong to the class of long-acting benzodiazepines, which means they are metabolized into active metabolites that contribute to their effects and have a longer duration of action. Diazepam, for instance, is metabolized into nordiazepam (also known as desmethyldiazepam), which retains sedative effects and can accumulate, especially with prolonged usage. Additionally, chlordiazepoxide is also metabolized to oxazepam, another active metabolite which is used for its anxiolytic properties. These metabolites impact the overall pharmacological profile of the medications, leading to their continued presence and activity in the body even when the parent compound is no longer present. These metabolic pathways are important for understanding how these medications work, their potential for accumulation, and why tapering may be necessary in long-term usage to avoid withdrawal symptoms. The other drug combinations listed do not share these specific metabolites, which distinguishes this pair.

2. Which enzyme is primarily responsible for nicotine metabolism?

- A. CYP2D6**
- B. CYP2A6**
- C. CYP3A4**
- D. CYP1A2**

The primary enzyme responsible for nicotine metabolism is CYP2A6. This enzyme is part of the cytochrome P450 family and plays a crucial role in the oxidative metabolism of nicotine into its primary metabolite, cotinine. Understanding this metabolic pathway is important because individual variations in CYP2A6 activity can influence how quickly or slowly nicotine is processed in the body, which can affect both nicotine dependence and the efficacy of smoking cessation therapies. CYP2A6's high activity in metabolizing nicotine makes it particularly significant. Individuals with genetic variations that result in reduced CYP2A6 function may experience prolonged nicotine effects and potentially higher risks for nicotine addiction. In contrast, variations leading to increased enzyme activity might result in a lower risk of developing dependence due to faster clearance of nicotine. Recognizing the role of CYP2A6 in nicotine metabolism is essential for professionals dealing with smoking cessation and addiction medicine, as it can inform strategies for personalized treatment based on a patient's metabolic profile. This understanding may lead to better outcomes in quitting smoking and managing addiction.

3. What trend has been observed regarding adolescent illicit drug use?

- A. Increasing overall**
- B. Decreasing overall**
- C. Stable over the years**
- D. Fluctuating significantly**

The trend regarding adolescent illicit drug use has been observed to be decreasing overall in recent years. This decrease can be attributed to various factors, including increased awareness of the dangers associated with drug use, effective prevention programs in schools, and the influence of social media, which often highlights the negative consequences of substance use. Public health campaigns aimed at educating adolescents about the risks of substance use, along with community efforts to limit access to drugs, have contributed to this decline. Additionally, changes in societal attitudes towards drug use, such as the stigmatization of drug behaviors, have played a role in further reducing usage rates among young people. It's important to note that while the overall trend shows a decrease, patterns of substance use can vary by specific drugs and demographics. Certain substances may still show fluctuations or localized increases, but the broad overall trend indicates a significant reduction in illicit drug use among adolescents.

4. Which of the following may be a consequence of personality disorders in the context of substance use treatment?

- A. Stronger therapeutic alliances**
- B. Greater challenges in treatment adherence**
- C. Lower risk of co-occurring disorders**
- D. Better coping strategies**

The consequence of greater challenges in treatment adherence in the context of substance use treatment for individuals with personality disorders is well supported by clinical evidence. Personality disorders can significantly impact an individual's interpersonal relationships, emotional regulation, and self-perception, which often complicates their ability to engage consistently in treatment. Individuals with certain personality disorders may exhibit traits such as instability in relationships, difficulty managing emotions, and maladaptive coping strategies. These traits can lead to erratic behavior, resistance to treatment protocols, and a reluctance to participate in therapy sessions or comply with medication regimens. This makes it more difficult for them to adhere to treatment plans, as their psychological makeup can create barriers to establishing trust with healthcare providers and commitment to the therapeutic process. In contrast to this, other options like stronger therapeutic alliances, lower risk of co-occurring disorders, and better coping strategies are less likely outcomes associated with personality disorders in the realm of substance use treatment. It is important for healthcare providers to recognize these challenges and tailor their approaches to better support individuals with personality disorders in achieving and maintaining treatment adherence.

5. What is the first-line treatment approach for tobacco use disorder in pregnant individuals?

- A. Counseling**
- B. Nicotine Replacement Therapy (NRT)**
- C. Bupropion**
- D. Behavioral therapy**

The first-line treatment approach for tobacco use disorder in pregnant individuals is counseling. This method is preferred due to its safety profile and the importance of effectively communicating the risks associated with tobacco use during pregnancy. Counseling, especially motivational interviewing and behavioral support, has been shown to increase quit rates and is a non-invasive approach that does not involve pharmacological intervention. During pregnancy, the health of both the mother and the developing fetus must be considered, so the risks associated with nicotine replacement therapy (NRT) and medications like bupropion can outweigh the potential benefits. While these pharmacological options can be effective for treating tobacco use in the general population, they are not recommended as first-line treatments during pregnancy due to potential adverse effects on fetal development. Behavioral therapy, while also valuable, is generally encompassed within counseling but is not deemed the standalone first-line approach. The emphasis on counseling reflects a broader understanding of the psychosocial components of addiction and indicates a tailored response to the unique needs of pregnant individuals trying to quit smoking.

6. What physiological effect does smoking have that might help alleviate symptoms of depression?

- A. Increased serotonin levels**
- B. MAO-I activity**
- C. Dopamine release**
- D. Reduced cortisol levels**

Smoking has multiple physiological effects on the brain and body, one of which is related to the activity of monoamine oxidase (MAO), an enzyme that breaks down neurotransmitters like serotonin and dopamine. Smoking tobacco is known to inhibit MAO activity, which can lead to increased levels of these neurotransmitters in the brain. By reducing the breakdown of serotonin and other monoamines, the inhibition of MAO could potentially enhance mood and alleviate some symptoms of depression. This effect might be why individuals with depression sometimes report a temporary improvement in mood after smoking. However, it's important to note that while the acute effects of smoking might bring some relief, the long-term impact of smoking on mental and physical health is overwhelmingly negative. In contrast, while increased serotonin levels, dopamine release, and reduced cortisol levels may also influence mood and depression, they do not have the same direct relationship with the inhibition of MAO that smoking offers. The specific mechanism through which smoking affects MAO activity highlights its unique role in influencing neurotransmitter dynamics and how those changes can temporarily mask depressive symptoms.

7. Which enzyme is primarily responsible for the metabolism of nicotine in the body?

- A. CYP2A6**
- B. UDP-glucuronosyltransferase**
- C. CYP3A4**
- D. MAO-A**

The primary enzyme responsible for the metabolism of nicotine in the body is CYP2A6. This enzyme belongs to the cytochrome P450 family and is specifically involved in the oxidative metabolism of nicotine, converting it into cotinine and other metabolites. Understanding the metabolic pathway of nicotine is crucial in addiction medicine as it provides insight into how nicotine is processed in individuals, influencing factors like dependency and withdrawal. CYP2A6 activity can vary significantly among individuals due to genetic polymorphisms, which can affect nicotine metabolism rates. For instance, individuals with reduced CYP2A6 activity may have a slower clearance of nicotine, which can impact their smoking behavior and risk of developing dependence. Conversely, those with increased activity may metabolize nicotine more quickly, which can influence their smoking patterns. Other enzymes listed, such as UDP-glucuronosyltransferase and CYP3A4, play roles in the metabolism of various substances but are not primarily responsible for nicotine metabolism. MAO-A, an enzyme involved in the breakdown of monoamines (like norepinephrine and serotonin), is also not directly involved in nicotine metabolism. Understanding these nuances helps clinicians tailor approaches for smoking cessation and manage nicotine addiction effectively.

8. What does normative education in drug prevention typically promote?

- A. Resistance to social media influences**
- B. Awareness of peer substance use statistics**
- C. Understanding parental substance use**
- D. Engaging in community service projects**

Normative education in drug prevention focuses on altering perceptions of peer behaviors concerning substance use. By providing accurate information about the actual rates of substance use among peers, it aims to correct misconceptions that may lead individuals to believe that drug use is more commonplace or accepted than it truly is. This approach emphasizes awareness of peer substance use statistics, which can encourage healthier decision-making and reduce the likelihood of engaging in similar behaviors. The other options address important aspects of substance use prevention, such as resisting social media influences or understanding family dynamics, but they do not encapsulate the primary goal of normative education, which is to inform youth about the realities of peer behaviors in order to create a more accurate understanding of social norms. Engaging in community service is beneficial, yet it does not align with the specific educational goals of normative intervention strategies.

9. On which type of receptor does nicotine primarily act?

- A. Dopaminergic Receptors
- B. Adrenergic Receptors
- C. Nicotinic Acetylcholine Receptors**
- D. Serotonin Receptors

Nicotine primarily acts on nicotinic acetylcholine receptors (nAChRs), which are a type of ionotropic receptor found in the central and peripheral nervous systems. These receptors are activated by the neurotransmitter acetylcholine, but nicotine also binds to them due to their structural similarity to acetylcholine. When nicotine attaches to nAChRs, it causes the receptors to open, allowing sodium ions to flow into the neuron. This influx of positively charged ions results in depolarization of the neuron, which can lead to increased neuronal excitability and neurotransmitter release. The stimulation of nicotinic receptors is a key factor in the psychoactive effects of nicotine, including increased alertness, improved mood, and the addictive properties associated with tobacco use. By modulating dopamine release in the brain's reward pathways, activation of these receptors also underlies the reinforcing effects of nicotine, making it a significant target in understanding addiction mechanisms. In contrast to nicotinic receptors, dopaminergic receptors, adrenergic receptors, and serotonin receptors serve different functions and are activated by different neurotransmitters. Dopaminergic receptors are primarily involved in the pathways that regulate motivation and pleasure, adrenergic receptors are involved in the fight-or-flight response and are

10. Who is most commonly affected by gambling disorder?

- A. Young women
- B. Older adults
- C. Young men and veterans**
- D. Teenage girls

Gambling disorder is most commonly associated with young men and veterans due to several contributing factors. The prevalence rates in young men are notably higher, influenced by social and environmental factors, as young males often engage in more risk-taking behaviors than other demographics. Additionally, veterans may experience gambling issues at higher rates due to factors such as trauma, stress, and difficulty adjusting to civilian life, which can lead to seeking escape through gambling as a coping mechanism. This demographic trend aligns with research indicating that men engage in gambling activities more frequently and are more susceptible to developing a gambling disorder. The specific challenges faced by veterans, including mental health conditions like PTSD, further compound their vulnerability to developing gambling-related problems. Thus, the combination of age, gender, and the unique experiences of veterans makes this group the most affected by gambling disorder.

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://addictionmedicineboard.examzify.com>

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

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