

Addiction Medicine Boards Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. 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

- 1. Do hallucinogens typically cause withdrawal symptoms or physical dependence?**
 - A. Yes, they cause withdrawal symptoms**
 - B. No, they do not**
 - C. Yes, but only with frequent use**
 - D. Occasionally, they can cause dependence**
- 2. What does the National Survey on Drug Use and Health (NSDUH) assess?**
 - A. Drug pricing in the United States**
 - B. Trends in mental health services availability**
 - C. Prevalence of drug use and mental health**
 - D. Compliance rates in drug treatment programs**
- 3. What is one potential advantage when treating substance use disorders without the presence of personality disorders?**
 - A. More straightforward treatment protocols**
 - B. Improved relationships with family members**
 - C. Increased participation in group therapy**
 - D. Lower financial burden**
- 4. How long can cannabis be detected in a urine immunoassay for heavy users?**
 - A. 2 days**
 - B. 1 week**
 - C. 2 weeks**
 - D. 1 month**
- 5. Which side effect is commonly associated with bupropion?**
 - A. Nausea**
 - B. Increased appetite**
 - C. Seizures**
 - D. Constipation**

- 6. What type of receptor is CB1?**
- A. Intracellular receptor**
 - B. Ion channel**
 - C. GPCR**
 - D. Tyrosine kinase receptor**
- 7. Which of the following is a potential adverse effect of smoking during pregnancy?**
- A. Increased birth weight**
 - B. Increased risk of SIDS**
 - C. Decreased incidence of preterm birth**
 - D. No impact on pregnancy outcomes**
- 8. How do personality disorders typically affect treatment engagement in individuals with substance use disorders?**
- A. Improve motivation for recovery**
 - B. Worsen engagement in care**
 - C. Have no impact on treatment**
 - D. Encourage therapeutic relationships**
- 9. What is commonly understood about those who attend court-mandated IOP compared to voluntary IOP participants?**
- A. Voluntary participants usually fare worse**
 - B. Both groups have equally good recovery outcomes**
 - C. Mandated participants are generally more compliant**
 - D. Completions rates are significantly higher in mandated programs**
- 10. Which of the following is NOT a characteristic facial feature of FAS?**
- A. Smooth philtrum**
 - B. Long palpebral fissures**
 - C. Thin vermilion border**
 - D. Short palpebral fissures**

Answers

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

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Explanations

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1. Do hallucinogens typically cause withdrawal symptoms or physical dependence?

- A. Yes, they cause withdrawal symptoms**
- B. No, they do not**
- C. Yes, but only with frequent use**
- D. Occasionally, they can cause dependence**

Hallucinogens, which include substances such as LSD, psilocybin, and mescaline, are primarily characterized by their capacity to alter perception, cognition, and mood. Unlike many substances associated with substance use disorders, hallucinogens typically do not result in physical dependence or withdrawal symptoms. This is largely due to the way these substances interact with the brain's neurotransmitter systems; they primarily affect serotonin receptors rather than creating a push towards compulsive use driven by withdrawal avoidance, which is common in drugs that create physical dependence. While individuals may experience psychological effects or "bad trips," these do not equate to withdrawal symptoms comparable to those seen with substances like opioids or alcohol. Overall, the unique properties of hallucinogens lead to a classification as drugs that do not typically involve withdrawal symptoms or physical dependence, supporting the assertion that they do not cause such issues.

2. What does the National Survey on Drug Use and Health (NSDUH) assess?

- A. Drug pricing in the United States**
- B. Trends in mental health services availability**
- C. Prevalence of drug use and mental health**
- D. Compliance rates in drug treatment programs**

The National Survey on Drug Use and Health (NSDUH) primarily assesses the prevalence of drug use and mental health in the United States. This extensive survey collects data on the use of illicit drugs, alcohol, and tobacco, as well as various mental health issues, including the incidence of mental disorders. By utilizing a representative sample of the population, the NSDUH provides critical insights into patterns of substance use and the overall mental health landscape, aiding policymakers, researchers, and healthcare providers in understanding and addressing these public health concerns. The survey does not concentrate on drug pricing, the availability of mental health services, or compliance rates in drug treatment programs, making it a vital tool specifically for evaluating substance use and mental health trends rather than broader economic or treatment compliance issues.

3. What is one potential advantage when treating substance use disorders without the presence of personality disorders?

- A. More straightforward treatment protocols**
- B. Improved relationships with family members**
- C. Increased participation in group therapy**
- D. Lower financial burden**

When treating substance use disorders in the absence of personality disorders, one significant advantage is the potential for more straightforward treatment protocols. This is primarily due to the complexities that personality disorders can introduce into the treatment process. Personality disorders often involve pervasive patterns of behavior, affect, cognition, and interpersonal functioning that can complicate the clinical picture. In the presence of a personality disorder, treatment may need to address not just the substance use itself, but also the deeper, underlying issues related to the personality disorder. This can lead to a need for more nuanced and individualized treatment strategies, which may involve longer durations of therapy or more frequent adjustments to the treatment plan. Greater clarity in diagnosis and treatment objectives allows for the development of more standardized approaches, enhancing the overall efficiency and effectiveness of treatment. The other options, while they may have merits in different contexts, do not directly relate to the fundamental nature of treating substance use disorders. Improved family relationships and increased engagement in group therapy can indeed be aspects of recovery, but they are not guaranteed outcomes when personality disorders are absent. Similarly, a lower financial burden could result from various factors unrelated to the specific dynamics of substance use disorders without concurrent personality disorders. Overall, the focus on straightforward treatment protocols highlights the importance of clarity in addressing substance use.

4. How long can cannabis be detected in a urine immunoassay for heavy users?

- A. 2 days**
- B. 1 week**
- C. 2 weeks**
- D. 1 month**

For heavy users of cannabis, urine immunoassays can detect THC metabolites for an extended period due to the accumulation of these substances in fat tissues and their gradual release into the urine. While occasional users might clear metabolites within a few days, heavy users often have significantly longer detection times. Typically, for someone who consumes cannabis frequently or in large amounts, it can take up to a month or longer for urine tests to return negative results. This is a result of the varying half-lives of THC and its metabolites, where frequent exposure leads to higher concentrations within the body, resulting in longer detection times. The build-up of cannabinoids due to regular use means that metabolites linger in the body, making it possible for them to be detected in urine long after the last use. This reflects the complexity of cannabis metabolism and clearance in individuals with different usage patterns. Thus, the duration of 1 month aligns with the physiological response seen in heavy cannabis users, marking it as the correct answer.

5. Which side effect is commonly associated with bupropion?

- A. Nausea
- B. Increased appetite
- C. Seizures**
- D. Constipation

Bupropion is an atypical antidepressant that is primarily used to treat major depressive disorder and as an aid for smoking cessation. One notable side effect of bupropion is the increased risk of seizures, particularly at higher doses or in individuals with certain risk factors such as a history of seizures, eating disorders, or alcohol/substance withdrawal. This side effect is attributed to its mechanism of action, which involves the inhibition of dopamine and norepinephrine reuptake but does not affect serotonin levels. The risk of seizures is a significant concern with bupropion, especially when the recommended maximum daily dose is exceeded. Understanding this side effect is crucial for medical professionals when prescribing bupropion, as it allows them to monitor for potential complications and guide patient management accordingly. The other side effects, while possible, do not carry the same level of risk associated with seizures, which is why identifying it as a commonly associated side effect is important in the context of using this medication.

6. What type of receptor is CB1?

- A. Intracellular receptor
- B. Ion channel
- C. GPCR**
- D. Tyrosine kinase receptor

CB1, or cannabinoid receptor type 1, is classified as a G protein-coupled receptor (GPCR). This classification is essential because GPCRs play a critical role in various physiological processes and are integral in mediating the effects of cannabinoids, including tetrahydrocannabinol (THC) and other endocannabinoids. The structure of GPCRs typically consists of a single polypeptide chain that traverses the cell membrane seven times, creating a pathway for signaling inside the cell when activated by specific ligands. Upon binding of cannabinoids to the CB1 receptor, a conformational change occurs, allowing the receptor to interact with intracellular G proteins. This interaction triggers a cascade of signaling pathways that influence various biological responses, including modulation of neurotransmitter release and effects in the central nervous system. Understanding the role of CB1 as a GPCR is crucial for grasping how cannabinoids exert their diverse effects, particularly in the context of addiction and the therapeutic potential of cannabinoids in various medical conditions. Other types of receptors, such as ion channels or tyrosine kinase receptors, function through different mechanisms and do not have the same signaling capabilities as GPCRs, which are key to the actions of cannabinoid substances.

7. Which of the following is a potential adverse effect of smoking during pregnancy?

- A. Increased birth weight**
- B. Increased risk of SIDS**
- C. Decreased incidence of preterm birth**
- D. No impact on pregnancy outcomes**

Smoking during pregnancy is associated with several adverse effects, and one significant risk is the increased risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden, unexplained death of an otherwise healthy infant, typically during sleep. Numerous studies have shown a strong correlation between maternal smoking and SIDS, indicating that babies exposed to tobacco smoke before and after birth are at a higher risk for this tragic outcome. This is thought to be due to the effects of nicotine and other harmful substances in cigarettes that can impact fetal development and the newborn's respiratory system. In contrast, the other options present assertions that do not align with established medical knowledge: smoking is not associated with increased birth weight; it is more likely to contribute to lower birth weights due to placental insufficiency and other complications. Furthermore, smoking is associated with an increased risk of preterm birth rather than a decrease. Similarly, it has widely recognized detrimental impacts on pregnancy, contradicting the idea that it has no impact on pregnancy outcomes. Thus, the increased risk of SIDS stands out as a critical concern for maternal and fetal health associated with smoking during pregnancy.

8. How do personality disorders typically affect treatment engagement in individuals with substance use disorders?

- A. Improve motivation for recovery**
- B. Worsen engagement in care**
- C. Have no impact on treatment**
- D. Encourage therapeutic relationships**

Individuals with personality disorders often experience challenges that can significantly impact their engagement in treatment for substance use disorders. These disorders frequently lead to difficulties in interpersonal relationships, emotional regulation, and coping mechanisms. As a result, individuals may struggle to build trust with healthcare providers and navigate therapeutic environments, which can further complicate their ability to engage consistently in treatment programs. The interpersonal and emotional difficulties associated with personality disorders may manifest as distrust in providers, impulsivity, or a tendency to act defensively when confronted with treatment-related challenges. This can create barriers to effective communication and collaboration between the patient and the treatment team. The resulting disengagement from treatment not only compromises the ability to adhere to recovery plans but may also lead to higher rates of relapse and poorer overall outcomes in managing both substance use disorders and personality disorders. In contrast, options that suggest improvement in motivation for recovery or encouragement of therapeutic relationships underestimate the complexities of how personality disorders interact with treatment dynamics. Recognizing the nuances of these interactions is crucial for developing tailored treatment approaches that address the needs of this population.

9. What is commonly understood about those who attend court-mandated IOP compared to voluntary IOP participants?

- A. Voluntary participants usually fare worse**
- B. Both groups have equally good recovery outcomes**
- C. Mandated participants are generally more compliant**
- D. Completions rates are significantly higher in mandated programs**

In understanding the differences between participants in court-mandated Intensive Outpatient Programs (IOP) and those who attend voluntarily, evidence suggests that both groups tend to have comparably good recovery outcomes. Research indicates that while mandated participants may exhibit different motivations for attending, such as legal pressures, they are still able to achieve substantial progress in their recovery journey. This outcome can be attributed to various factors, such as the structured environment of IOPs, the support systems in place, and the therapeutic modalities used. It's important to recognize that treatment effectiveness is influenced by individual factors, including the severity of addiction, personal motivation, and support outside of treatment, rather than solely the nature of attendance (mandated versus voluntary). In contrast, while mandated participants may show higher compliance in terms of attendance due to legal obligations, this does not necessarily translate to better treatment outcomes compared to those who choose to participate voluntarily because they prioritize their recovery. Both groups can benefit significantly from the treatment provided, emphasizing that the effectiveness of such programs is not solely determined by voluntary versus mandated status.

10. Which of the following is NOT a characteristic facial feature of FAS?

- A. Smooth philtrum**
- B. Long palpebral fissures**
- C. Thin vermilion border**
- D. Short palpebral fissures**

The characteristic facial features of Fetal Alcohol Syndrome (FAS) include a smooth philtrum, thin vermilion border, and short palpebral fissures. These features arise from the teratogenic effects of alcohol on facial development during critical periods of gestation. A smooth philtrum is indicative of FAS because normal facial development includes a defined philtrum, which is often flattened or smooth in individuals with FAS. A thin vermilion border refers to the lip's delineation, which is typically well-defined in unaffected individuals; in those with FAS, the border is usually thinner and less pronounced. Short palpebral fissures are another hallmark feature of FAS. This term refers to the horizontal openings between the eyelids, and in FAS, these fissures appear shorter than normal. In contrast, long palpebral fissures are not characteristic of FAS. Instead, this feature would suggest a different condition. Thus, identifying long palpebral fissures as not being a characteristic of FAS aligns with the known manifestations of the syndrome, confirming why it is correct to state that it does not belong among the typical facial features associated with FAS.

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!