

ADDICTION MEDICINE BOARDS PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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

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- 1. Which metabolic condition is a risk factor for faster progression of hepatitis C to cirrhosis?**
 - A. Cirrhosis
 - B. Hepatitis B infection
 - C. Diabetes mellitus
 - D. Chronic alcoholism

- 2. Is caffeine use disorder included in the DSM?**
 - A. Yes, it is included
 - B. No, it is not included
 - C. It is included but not well-defined
 - D. It is under consideration for future editions

- 3. What types of receptors does mitragynine, the principal psychoactive compound in kratom, primarily bind to?**
 - A. Mu opioid receptors
 - B. Kappa opioid receptors
 - C. Alpha-2 adrenergic receptors and mu receptors
 - D. Delta opioid receptors

- 4. Which benzodiazepine is preferred for treating alcohol withdrawal in patients with cirrhosis?**
 - A. Oxazepam
 - B. Lorazepam
 - C. Temazepam
 - D. Diazepam

- 5. What is a suggested treatment for Hallucinogen Persisting Perceptual Disorder?**
 - A. Antidepressants
 - B. Antipsychotics
 - C. Naltrexone
 - D. Stimulants

- 6. What might be a consequence of falling under the influence of normative education?**
- A. Increased engagement in risky behaviors
 - B. Decreased substance use
 - C. More accurate self-assessment of substance use
 - D. Greater peer pressure
- 7. How does MDMA differ from other hallucinogens?**
- A. It causes severe hallucinations
 - B. It is an entactogen with reinforcing properties
 - C. It primarily induces sadness
 - D. It is illegal in all states
- 8. Where do Z-drugs primarily bind in the brain?**
- A. Dopamine receptors
 - B. Serotonin receptors
 - C. GABA-A receptors
 - D. Norepinephrine receptors
- 9. What was the purpose of the DATA 2000 legislation?**
- A. To create a national drug policy
 - B. To establish guidelines for mental health treatment
 - C. To allow for Bup (buprenorphine) waivers
 - D. To regulate the advertising of controlled substances
- 10. 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

Answers

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

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Explanations

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1. Which metabolic condition is a risk factor for faster progression of hepatitis C to cirrhosis?

- A. Cirrhosis
- B. Hepatitis B infection
- C. Diabetes mellitus**
- D. Chronic alcoholism

Diabetes mellitus is recognized as a significant risk factor for the expedited progression of hepatitis C to cirrhosis. Individuals with diabetes may experience increased hepatic inflammation, insulin resistance, and steatosis (fat accumulation in the liver), all of which can enhance liver damage and fibrosis. The interplay between diabetes and hepatitis C infection can exacerbate liver pathology, leading to accelerated fibrosis and hastening the transition from chronic hepatitis C to advanced liver diseases such as cirrhosis. In addition to the direct effects of diabetes on liver health, the presence of metabolic syndrome—often associated with diabetes—can further complicate liver conditions. Insulin resistance, a hallmark of metabolic syndrome, is linked with increased liver injury and a higher likelihood of cirrhosis among those already infected with hepatitis C. Other factors, such as cirrhosis or co-infection with hepatitis B, while critical in the context of liver diseases, do not specifically relate to the faster progression of hepatitis C to cirrhosis compared to diabetes. Chronic alcoholism is another risk factor for liver disease, but its impacts are more directly related to its own toxic effects on the liver rather than the specific interaction with hepatitis C progression. Therefore, diabetes mellitus stands out as an essential consideration in predicting

2. Is caffeine use disorder included in the DSM?

- A. Yes, it is included
- B. No, it is not included**
- C. It is included but not well-defined
- D. It is under consideration for future editions

Caffeine use disorder is not included in the DSM (Diagnostic and Statistical Manual of Mental Disorders) as a recognized disorder. The DSM provides specific criteria for various mental health conditions, but as of the latest edition, caffeine use disorder is notably absent. While caffeine can lead to symptoms such as dependence, withdrawal, and tolerance, the current consensus in psychiatry is that it does not typically cause significant impairment or distress that is characteristic of other substance use disorders included in the DSM. This is why it is correctly stated that caffeine use disorder is not included, differentiating it from substances that do warrant such classification due to their potential for addiction and the severity of their impact on individuals' lives. Ongoing research and clinical observation may lead to changes in future editions of the DSM, but as of now, caffeine use disorder is not classified as a formal mental disorder.

3. What types of receptors does mitragynine, the principal psychoactive compound in kratom, primarily bind to?

A. Mu opioid receptors

B. Kappa opioid receptors

C. Alpha-2 adrenergic receptors and mu receptors

D. Delta opioid receptors

Mitragynine, the principal psychoactive compound in kratom, primarily binds to mu opioid receptors and alpha-2 adrenergic receptors. The binding to mu receptors contributes to the analgesic (pain-relieving) and possibly euphoric effects that users report. However, it also has activity at alpha-2 adrenergic receptors, which can have implications for sedation and anxiolytic effects. This dual action helps to explain the varied effects of kratom, making it appealing to users seeking both pain relief and mood enhancement. Other receptor types such as kappa opioid receptors and delta opioid receptors play roles in the opioid system as well, but they do not primarily interact with mitragynine to the extent that mu opioid and alpha-2 adrenergic receptors do. They do not account for the main pharmacological effects associated with kratom consumption, which is why they are not part of the correct answer.

4. Which benzodiazepine is preferred for treating alcohol withdrawal in patients with cirrhosis?

A. Oxazepam

B. Lorazepam

C. Temazepam

D. Diazepam

The preferred benzodiazepine for treating alcohol withdrawal in patients with cirrhosis is lorazepam. This choice is primarily due to its pharmacokinetic profile and hepatic metabolism. Lorazepam is processed largely by conjugation in the liver, making it a safer option for patients with liver impairment compared to other benzodiazepines that are significantly metabolized via the cytochrome P450 system, such as diazepam. In patients with cirrhosis, the liver's ability to clear medications is compromised. Using a drug that is dependent on hepatic metabolism can lead to increased serum levels, prolonged sedation, and a higher risk of adverse effects. Lorazepam's metabolism is less affected by liver function, which supports its use in this population, ensuring effective treatment while minimizing the risk of accumulation and toxicity. Oxazepam and temazepam are also safer alternatives to those that heavily rely on liver metabolism, but lorazepam is the more commonly recommended benzodiazepine in clinical guidelines for this specific scenario, particularly because of its potent effects and manageable dosing regimen. Diazepam is not preferred in this context due to its extensive hepatic metabolism and potential for accumulation in patients with liver disease.

5. What is a suggested treatment for Hallucinogen Persisting Perceptual Disorder?

- A. Antidepressants
- B. Antipsychotics
- C. Naltrexone**
- D. Stimulants

Hallucinogen Persisting Perceptual Disorder (HPPD) involves persistent visual distortions and other perceptual changes that can occur after the use of hallucinogenic drugs. The condition can be distressing, and managing it effectively often requires a tailored approach. Naltrexone, an opioid receptor antagonist, is recognized as a potential treatment option for HPPD. It is thought to work by reducing the cravings and perceptual disturbances associated with the disorder, given that hallucinogens can also impact the brain's reward pathways similarly to opioids. While research on the effectiveness of naltrexone in HPPD is limited, it is used in some clinical scenarios to address substance-related disorders and may help alleviate symptoms when the condition is compounded by issues like addiction. Other options, such as antidepressants or antipsychotics, might be considered in the context of treating underlying mood disorders or psychosis, but they do not directly address the perceptual disturbances characteristic of HPPD. Stimulants would generally be contraindicated due to their potential to exacerbate anxiety and perceptual disturbances. Overall, naltrexone provides a unique mechanism of action that may help manage the symptoms associated with HPPD, making it a suggested treatment.

6. What might be a consequence of falling under the influence of normative education?

- A. Increased engagement in risky behaviors
- B. Decreased substance use**
- C. More accurate self-assessment of substance use
- D. Greater peer pressure

Falling under the influence of normative education can lead to decreased substance use. Normative education is designed to correct misconceptions about peer behaviors and norms regarding substance use. By providing accurate information about how many peers actually engage in substance use, it often helps individuals recognize that their substance use may be higher than the average or that their perception of others' use is inflated. This realization can lead to a reduction in their own substance use, as individuals may feel less pressure to conform to perceived norms that are, in reality, not reflective of their peers' behaviors. In contrast, the other options, such as increased engagement in risky behaviors, greater peer pressure, and more accurate self-assessment of substance use, are less likely results of normative education. Instead, normative education typically aims to mitigate these issues by fostering a more informed understanding of substance use within a social context.

7. How does MDMA differ from other hallucinogens?

- A. It causes severe hallucinations
- B. It is an entactogen with reinforcing properties**
- C. It primarily induces sadness
- D. It is illegal in all states

MDMA, or 3,4-methylenedioxymethamphetamine, is best categorized as an entactogen because it promotes emotional closeness and empathy while enhancing sensory perception. This effect differentiates it from traditional hallucinogens, which primarily induce altered states of consciousness through complex visual and sensory hallucinations. The reinforcing properties of MDMA are particularly significant; they contribute to its potential for misuse and addiction. Users often seek the drug for the pleasurable social and emotional experiences it elicits, which can lead to repeated use in social settings. Traditional hallucinogens, such as LSD or psilocybin, primarily induce visual distortions and altered perceptions of reality without the same level of emotional connectivity associated with MDMA. This distinction in effects is crucial for understanding MDMA's unique role in both recreational use and its research applications in therapeutic contexts. While MDMA is indeed illegal in many places, legality varies, and this point does not fundamentally differentiate it from other hallucinogens, many of which are also prohibited under similar laws. The assertion that it primarily induces sadness is not accurate, as the emotional and social bonding effects are typically positive rather than negative.

8. Where do Z-drugs primarily bind in the brain?

- A. Dopamine receptors
- B. Serotonin receptors
- C. GABA-A receptors**
- D. Norepinephrine receptors

Z-drugs, which include medications such as zolpidem, eszopiclone, and zaleplon, primarily bind to GABA-A receptors in the brain. These drugs are specifically designed to enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA) at these receptors. GABA-A receptors are integral to the inhibitory processes in the central nervous system, and their activation leads to sedative, anxiolytic, muscle relaxant, and anticonvulsant effects. The GABA-A receptor is a ligand-gated ion channel that, when activated by GABA or Z-drugs, allows chloride ions to flow into the neuron, making it more negatively charged and less likely to fire. This mechanism is why Z-drugs can effectively induce sleep and reduce anxiety; they facilitate the calming effects of GABA in the brain. Other receptor types listed—dopamine, serotonin, and norepinephrine receptors—play significant roles in various neuropsychiatric conditions and processes, but they are not the primary targets of Z-drugs' action. Understanding the specific mechanism of Z-drugs at the GABA-A receptor is crucial for recognizing their therapeutic uses and potential side effects in clinical practice.

9. What was the purpose of the DATA 2000 legislation?

- A. To create a national drug policy
- B. To establish guidelines for mental health treatment
- C. To allow for Bup (buprenorphine) waivers**
- D. To regulate the advertising of controlled substances

The DATA 2000 legislation, officially known as the Drug Addiction Treatment Act of 2000, aimed specifically to address the growing need for effective treatment of opioid addiction, particularly through the use of medications like buprenorphine. One of the key provisions of this legislation was to enable qualified physicians to obtain waivers to prescribe buprenorphine in office-based settings, thereby expanding access to medication-assisted treatment (MAT) for individuals with opioid use disorders. This approach marked a significant shift in the treatment of addiction by allowing patients to receive care in more accessible environments rather than being confined to specialized treatment facilities, thus facilitating a more integrated approach to addiction treatment. The focus was on improving the availability and delivery of treatment options to those struggling with substance use issues. The other options do not align with the specific intent of the DATA 2000 legislation. For instance, while creating a national drug policy encompasses broader strategies, the legislation specifically targeted treatment access, particularly with buprenorphine. Similarly, establishing guidelines for mental health treatment and regulating the advertising of controlled substances falls outside the scope of the legislation's emphasis on opioid addiction treatment through medication access.

10. 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.

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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