

ADDICTION MEDICINE BOARDS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. What is one of the major effects of MDMA?**
 - A. Intense paranoia
 - B. Elimination of hallucinations
 - C. Elation
 - D. Complete disconnection
- 2. How long does methadone remain detectable in a urine immunoassay?**
 - A. 1 day
 - B. 2-3 days
 - C. 5 days
 - D. 1 week
- 3. What trend is observed in alcohol use among adolescents?**
 - A. Increasing
 - B. Decreasing
 - C. Stable
 - D. Fluctuating
- 4. Which substance can cause a false positive for methamphetamine in a urine drug screen?**
 - A. Methylphenidate
 - B. Adderall
 - C. Cocaine
 - D. Fentanyl
- 5. Which of the following is a possible symptom during cannabis withdrawal?**
 - A. Increased energy
 - B. Decreased appetite
 - C. Heightened sensory perceptions
 - D. Improved mood
- 6. Which receptor is an agonist affected by ethanol?**
 - A. Dopamine receptor
 - B. GABA-A receptor
 - C. Serotonin receptor
 - D. Endocannabinoid receptor

- 7. What receptor/NT imbalance characterizes benzodiazepine withdrawal?**
- A. Upregulated GABA receptors and downregulated NMDA receptors
 - B. Downregulated GABA receptors and upregulated NMDA receptors
 - C. Balanced GABA and NMDA receptor functions
 - D. Only NMDA receptor upregulation
- 8. What notable exception exists for hallucinogens regarding withdrawal and dependence?**
- A. LSD
 - B. Psilocybin
 - C. MDMA/ecstasy
 - D. Peyote
- 9. If a pharmacist is suspected of shorting patients on controlled substances, what should you do?**
- A. Report to the pharmacy board
 - B. Confront the pharmacist directly
 - C. Report to the police
 - D. Speak to the manager of the pharmacy
- 10. Secondhand smoke exposure during pregnancy is associated with which outcome?**
- A. Increased fetal growth
 - B. Stillbirth
 - C. Reduced risk of low birth weight
 - D. Improved neurodevelopment

Answers

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

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Explanations

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1. What is one of the major effects of MDMA?

- A. Intense paranoia
- B. Elimination of hallucinations
- C. Elation**
- D. Complete disconnection

MDMA, commonly known as ecstasy, is well recognized for producing feelings of elation and emotional warmth. It is a psychoactive substance that primarily affects the serotonin system in the brain, leading to enhanced mood, increased feelings of empathy, and a sense of well-being. Users often report a profound sense of happiness, connection with others, and increased enjoyment of sensory experiences, which are characteristic effects of the drug. In contrast, intense paranoia is typically associated with other psychoactive substances, particularly those that can induce anxiety and paranoia, rather than MDMA. While MDMA can sometimes lead to mild anxiety, it is not primarily known for inducing intense paranoid states. The elimination of hallucinations is not a significant effect of MDMA; rather, in some cases, users may experience mild visual or auditory distortions. Additionally, complete disconnection might be more representative of the effects of other substances or dissociatives, rather than the empathogenic effects commonly reported with MDMA use. Therefore, elation is indeed a hallmark effect of MDMA, aligning with its reputation as a party drug associated with enjoyment and social connectivity.

2. How long does methadone remain detectable in a urine immunoassay?

- A. 1 day
- B. 2-3 days**
- C. 5 days
- D. 1 week

Methadone can typically be detected in a urine immunoassay for 2-3 days after administration. This timeframe is influenced by several factors, including the dose of methadone, the individual's metabolism, frequency of use, and overall health status. Methadone is a long-acting opioid, and while its primary effects may wear off within 24 hours, it can persist in urine longer due to how the body metabolizes and excretes the drug. Over time, the metabolites of methadone can accumulate, leading to detection in urine even after the acute effects of the drug have subsided. This characteristic makes it particularly important for clinicians to consider when monitoring patients in treatment programs. The given range of 2-3 days aligns with clinical data on urine testing for methadone, providing a reliable window for detection following use.

3. What trend is observed in alcohol use among adolescents?

- A. Increasing
- B. Decreasing**
- C. Stable
- D. Fluctuating

The observed trend in alcohol use among adolescents is decreasing. This decline can be attributed to a variety of factors, including increased awareness of the risks associated with alcohol use, educational programs targeting youth, and changes in social norms that discourage underage drinking. Additionally, public health initiatives and stricter regulations on the sale and distribution of alcohol may also contribute to reduced access for adolescents. Moreover, surveys and reports, such as those from the Monitoring the Future study, have shown a consistent pattern of lower rates of alcohol consumption among teens over recent years. This decrease reflects a broader shift in behavior as young people become more health-conscious and informed about the negative consequences of alcohol use, including its impact on developing brains, the risk of addiction, and the legal implications of underage drinking. Consequently, the trend highlights a positive movement toward healthier lifestyle choices among adolescents.

4. Which substance can cause a false positive for methamphetamine in a urine drug screen?

- A. Methylphenidate
- B. Adderall**
- C. Cocaine
- D. Fentanyl

Methylphenidate is the substance that can cause a false positive for methamphetamine in a urine drug screen. This occurs because both methylphenidate and methamphetamine are structurally similar, and standard drug testing panels may not differentiate between the two due to the cross-reactivity that can happen with their metabolites. When a urine drug test is performed, it searches for specific metabolites that indicate the presence of various substances. In the case of methylphenidate, the metabolites produced can, in certain tests, be misidentified as methamphetamine. This can lead to confusion in interpreting drug screening results, particularly in clinical settings or during legal testing. Methylphenidate is commonly prescribed for attention-deficit hyperactivity disorder (ADHD) and is known to produce stimulant effects. It is important for healthcare providers to be aware of this potential for false positives in order to assess the results accurately and consider confirmation testing, such as mass spectrometry, which can differentiate between these substances more reliably. In contrast, substances like Adderall, cocaine, and fentanyl have distinct metabolic pathways that do not lead to false positives for methamphetamine in routine drug screenings. Adderall, while containing amphetamines, is less likely to be misidentified due to

5. Which of the following is a possible symptom during cannabis withdrawal?

- A. Increased energy
- B. Decreased appetite**
- C. Heightened sensory perceptions
- D. Improved mood

During cannabis withdrawal, decreased appetite is a common symptom. Individuals who have developed a regular pattern of cannabis use may experience changes in their appetite in the absence of the drug. Cannabis is often associated with increased appetite, colloquially referred to as "the munchies." When someone stops using cannabis after prolonged use, the body may react by reducing appetite, leading to less interest in food and potential weight loss. The withdrawal symptoms can vary widely among individuals but typically include irritability, anxiety, sleep disturbances, and changes in appetite. In contrast, increased energy, heightened sensory perceptions, and improved mood are not typical withdrawal symptoms and might actually occur in individuals while under the influence of cannabis. Therefore, recognizing decreased appetite as a withdrawal symptom aligns with understanding the physiological changes that occur after discontinuing cannabis use.

6. Which receptor is an agonist affected by ethanol?

- A. Dopamine receptor
- B. GABA-A receptor**
- C. Serotonin receptor
- D. Endocannabinoid receptor

Ethanol, commonly known as alcohol, primarily exerts its effects through the GABA-A receptor, which is a major inhibitory neurotransmitter receptor in the central nervous system. When ethanol binds to the GABA-A receptor, it enhances the receptor's activity, increasing the influx of chloride ions into the neuron. This results in hyperpolarization of the neuron, making it less likely to fire and thereby producing sedative and anxiolytic effects. The interaction with the GABA-A receptor is significant in terms of both the acute effects of alcohol, such as relaxation and sedation, and the potential for dependence and withdrawal symptoms when alcohol use is reduced or stopped. This pharmacological action contributes to the overall profile of ethanol as a central nervous system depressant, impacting cognition, motor skills, and judgment.

7. What receptor/NT imbalance characterizes benzodiazepine withdrawal?

- A. Upregulated GABA receptors and downregulated NMDA receptors
- B. Downregulated GABA receptors and upregulated NMDA receptors**
- C. Balanced GABA and NMDA receptor functions
- D. Only NMDA receptor upregulation

Benzodiazepine withdrawal is characterized by a downregulation of GABA receptors and an upregulation of NMDA receptors. Benzodiazepines primarily work by enhancing the effect of the neurotransmitter GABA at the GABA-A receptor, leading to increased inhibitory activity in the central nervous system. During prolonged use, the body adapts to this enhanced inhibition, which can result in reduced sensitivity and/or number of GABA receptors, hence downregulation. When benzodiazepine use is discontinued, this adaptation leads to a relative deficiency of GABA receptor activity, which can cause symptoms of increased excitability, anxiety, and seizures due to the unopposed action of excitatory neurotransmitters. Concurrently, there is an upregulation of NMDA receptors, a key player in excitatory neurotransmission, to counterbalance the increased inhibition. This shift towards increased excitatory activity manifests as significant withdrawal symptoms, making the imbalance between GABAergic inhibition and glutamatergic excitation a critical aspect of benzodiazepine withdrawal syndrome. Maintaining a balanced state in GABA and NMDA receptor functions is not possible during withdrawal, as the body's neurochemistry is actively responding to the absence of the substance. Therefore, the

8. What notable exception exists for hallucinogens regarding withdrawal and dependence?

- A. LSD
- B. Psilocybin
- C. MDMA/ecstasy**
- D. Peyote

MDMA, commonly known as ecstasy, is notable among hallucinogens because it is associated with a greater potential for withdrawal symptoms and dependence compared to other substances in this category. Unlike classic hallucinogens such as LSD, psilocybin, and peyote, which typically do not produce significant physical dependence or a withdrawal syndrome, MDMA can lead to a range of psychological and physiological withdrawal symptoms upon cessation after regular use. These may include fatigue, mood disturbances, and changes in appetite, making it distinct in this context. MDMA's pharmacological effects involve the release of serotonin, dopamine, and norepinephrine, which can result in a reinforcing cycle leading to regular use and potential dependence, distinguishing it from traditional hallucinogens. The unique profile of MDMA's effects and the potential for addiction contribute to its classification as having withdrawal and dependence features, aligning it more closely with stimulant drugs than with classic hallucinogens.

9. If a pharmacist is suspected of shorting patients on controlled substances, what should you do?

- A. Report to the pharmacy board
- B. Confront the pharmacist directly
- C. Report to the police**
- D. Speak to the manager of the pharmacy

Reporting a suspected incident of a pharmacist shorting patients on controlled substances is crucial for maintaining the integrity of the healthcare system and ensuring patient safety. Notifying the police is a significant step because it involves law enforcement in a situation that may involve criminal activity, such as theft or fraud regarding controlled substances. When controlled substances are involved, there are strict regulations governing their distribution and dispensing. If a pharmacist is compromising these regulations, it may pose a risk not just to individual patients but also to the community at large. Engaging law enforcement ensures that the matter is investigated properly and that appropriate actions can be taken in line with legal procedures. While options such as reporting to the pharmacy board, confronting the pharmacist, or speaking to the manager of the pharmacy could potentially address the issue, they do not necessarily have the same immediacy or thoroughness as involving the police. For instance, the pharmacy board may address professional conduct and disciplinary actions, but law enforcement is equipped to handle the criminal aspects of such behavior. Confronting the pharmacist directly could escalate the situation and does not address systemic issues, nor does it ensure that immediate action is taken. Reporting to the pharmacy manager may not lead to the necessary legal ramifications or comprehensive investigation needed in cases where criminal behavior is suspected.

10. Secondhand smoke exposure during pregnancy is associated with which outcome?

- A. Increased fetal growth
- B. Stillbirth**
- C. Reduced risk of low birth weight
- D. Improved neurodevelopment

Secondhand smoke exposure during pregnancy is strongly linked to adverse outcomes, with stillbirth being one of the most concerning consequences. When a pregnant individual is exposed to secondhand smoke, the harmful chemicals in the smoke can affect fetal development. This exposure can lead to various complications, including placental problems that increase the risk of stillbirth—when a fetus dies at or after 20 weeks of pregnancy. In contrast, the other options reflect outcomes that are not typically associated with secondhand smoke exposure. For instance, increased fetal growth and reduced risk of low birth weight are unlikely as secondhand smoke is more often associated with growth restrictions and low birth weight due to its detrimental effects on fetal health. Improved neurodevelopment is also not supported; in fact, exposure to secondhand smoke during pregnancy may harm neurodevelopmental outcomes in children, increasing the risk for cognitive and behavioral issues later in life. Understanding the risk factors of secondhand smoke is crucial for prenatal care, as avoiding it can contribute to better health outcomes for both the mother and the developing fetus.

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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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