

Behavioral Medicine - Substance Use Disorders 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

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- 1. Which of the following is a criterion for alcohol intoxication?**
 - A. Euphoria**
 - B. Slurred speech**
 - C. Paranormal vision**
 - D. Spontaneous movement**

- 2. Which statement best describes addiction?**
 - A. A chronic medical condition that changes the brain**
 - B. A temporary behavior**
 - C. A moral failing**
 - D. A social problem**

- 3. Alcohol withdrawal is defined as cessation of heavy use with how many symptoms developing within hours or days after cessation?**
 - A. One**
 - B. Two or more**
 - C. Three or more**
 - D. Four or more**

- 4. A key factor that affects the level of risky behavior in stimulant users is the route of administration. Which option reflects this?**
 - A. Route of administration**
 - B. Age**
 - C. Diet**
 - D. Ethnicity**

- 5. Varenicline (Chantix) acts by**
 - A. Inhibiting dopamine synthesis**
 - B. Acting as a full agonist at nicotinic receptors**
 - C. Blocking the ability of nicotine to bind and stimulate the dopamine system**
 - D. Enhancing nicotine metabolism**

- 6. Which sign is commonly associated with advanced liver disease from chronic alcohol use?**
- A. Hypothyroidism**
 - B. Ascites**
 - C. Hypoglycemia**
 - D. Osteoporosis**
- 7. Which of the following describes typical effects of stimulants and MDMA (ecstasy)?**
- A. Drowsiness, lethargy, bradycardia**
 - B. Nausea, vomiting, diarrhea**
 - C. euphoria, tachycardia/HTN, hyperthermia, serotonin toxicity, hyponatremia, seizures, mydriasis**
 - D. Respiratory depression and pinpoint pupils**
- 8. Mild substance use disorder corresponds to meeting how many DSM criteria?**
- A. 1-2 DSM criteria**
 - B. 2-3 DSM criteria**
 - C. 4-5 DSM criteria**
 - D. 6-11 DSM criteria**
- 9. Which of the following are listed as treatments for cannabis use disorder?**
- A. Motivational interviewing only**
 - B. CBT only**
 - C. NAC and gabapentin only**
 - D. CBT, NAC, gabapentin, antidepressants**
- 10. Which of the following is a skin finding commonly seen in stimulant users?**
- A. Bradycardia**
 - B. Cough**
 - C. Track marks, sores, cellulitis, abscess**
 - D. Weight gain**

Answers

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

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Explanations

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1. Which of the following is a criterion for alcohol intoxication?

- A. Euphoria**
- B. Slurred speech**
- C. Paranormal vision**
- D. Spontaneous movement**

Alcohol intoxication is identified by observable impairment after recent alcohol use, reflecting the brain-depressant effects of ethanol. Slurred speech is a classic sign because alcohol impairs the muscles used for speech and slows neural transmission to those muscles, leading to slowed, distorted articulation. This makes it a reliable, clinically recognizable cue of intoxication. Euphoria can occur with intoxication but is a subjective mood state and not a defining, objective criterion. Paranormal vision is not a recognized effect of alcohol, and spontaneous movement is not a standard sign of intoxication and would suggest other issues.

2. Which statement best describes addiction?

- A. A chronic medical condition that changes the brain**
- B. A temporary behavior**
- C. A moral failing**
- D. A social problem**

Addiction is best understood as a chronic medical condition that changes the brain. Repeated substance use leads to neuroadaptive changes in brain circuits involved in reward, motivation, memory, and executive control. These brain changes heighten cravings, strengthen compulsive drug-seeking behaviors, and impair the ability to regulate use, making relapse common even after periods of abstinence. The condition tends to be long-lasting and requires ongoing management, much like other chronic diseases such as diabetes or hypertension. It's not simply a temporary behavior, a moral failing, or just a social problem. While environment, stress, and social factors influence substance use and recovery, the core issue lies in durable brain alterations that underlie loss of control over use and the risk of relapse. Effective treatment addresses both the biological aspects with medications and the behavioral and psychosocial aspects with therapy and support.

3. Alcohol withdrawal is defined as cessation of heavy use with how many symptoms developing within hours or days after cessation?

A. One

B. Two or more

C. Three or more

D. Four or more

Alcohol withdrawal is diagnosed when a person who has been using heavily stops or reduces intake and develops multiple signs within hours to a few days. The key point is that at least two withdrawal symptoms must appear in that time frame for it to be labeled alcohol withdrawal rather than just a few isolated symptoms or normal discomfort. Common symptoms include tremor, autonomic changes (like sweating or rapid pulse), insomnia, nausea, anxiety, and sometimes perceptual disturbances or seizures. This two-or-more threshold helps clinicians identify a clinically significant withdrawal syndrome and guides treatment decisions. Hence, two or more symptoms is the criterion.

4. A key factor that affects the level of risky behavior in stimulant users is the route of administration. Which option reflects this?

A. Route of administration

B. Age

C. Diet

D. Ethnicity

How quickly and strongly a stimulant acts in the brain shapes how likely a person is to engage in risky behavior. The route of administration determines the speed and magnitude of the drug's effect. Fast-onset methods, such as smoking or injecting, produce a rapid surge in brain reward signals, delivering a strong, brief high. That abrupt rush can overpower judgment and impulse control, making risky choices more appealing in the moment—things like dangerous driving, volatile decision-making, or risky sexual behavior. In contrast, slower routes like oral use lead to a more gradual rise and a longer, milder high, which tends to be less likely to provoke such impulsive risk-taking. While age, diet, and ethnicity can influence overall risk in various ways, the route of administration most directly modulates the pharmacological impact that drives risky behavior in stimulant use.

5. Varenicline (Chantix) acts by

- A. Inhibiting dopamine synthesis**
- B. Acting as a full agonist at nicotinic receptors**
- C. Blocking the ability of nicotine to bind and stimulate the dopamine system**
- D. Enhancing nicotine metabolism**

Varenicline acts as a partial agonist at nicotinic acetylcholine receptors, specifically the alpha4beta2 subtype. By binding to these receptors, it provides a small, steady dopamine signal to help with withdrawal and cravings, while also occupying receptor sites so nicotine cannot produce its full dopamine surge. This makes it best described as blocking nicotine's ability to bind and stimulate the dopamine system, with some receptor activation on its own. It does not inhibit dopamine synthesis, it is not a full agonist, and it does not affect nicotine metabolism.

6. Which sign is commonly associated with advanced liver disease from chronic alcohol use?

- A. Hypothyroidism**
- B. Ascites**
- C. Hypoglycemia**
- D. Osteoporosis**

Advanced liver disease from chronic alcohol use often progresses to cirrhosis with portal hypertension and reduced production of albumin. This combination causes fluid to accumulate in the abdomen, producing ascites. It's a hallmark sign of decompensated cirrhosis and reflects both increased pressure in the portal system and decreased oncotic pressure from low albumin. Other options aren't as characteristic: hypothyroidism isn't typically linked to liver failure; hypoglycemia can occur when liver function is severely impaired because the liver performs gluconeogenesis, but it's not the most specific sign of advanced liver disease; osteoporosis can accompany chronic liver disease due to malnutrition and vitamin D issues, but ascites best signals advanced hepatic deterioration in this context.

7. Which of the following describes typical effects of stimulants and MDMA (ecstasy)?

- A. Drowsiness, lethargy, bradycardia**
- B. Nausea, vomiting, diarrhea**
- C. euphoria, tachycardia/HTN, hyperthermia, serotonin toxicity, hyponatremia, seizures, mydriasis**
- D. Respiratory depression and pinpoint pupils**

Stimulants and MDMA raise brain monoamines, especially dopamine, norepinephrine, and serotonin, which drives heightened arousal and a strong sympathetic response. This produces euphoria and increased energy, along with cardiovascular effects like tachycardia and hypertension, and thermoregulation challenges that can lead to hyperthermia. MDMA's serotonergic effects also bring a risk of serotonin toxicity, particularly with higher doses or mixing with other serotonin-boosting drugs, which fits the included sign of serotonin toxicity. Hyponatremia can occur in these users due to excessive water intake and antidiuretic hormone effects, potentially causing seizures. Pupils commonly dilate (mydriasis) from sympathetic arousal. These features together best describe the typical stimulant/MDMA effects. Signs like drowsiness, lethargy, and bradycardia point away from stimulants and toward depressants; nausea/vomiting/diarrhea aren't the defining stimulant/MDMA cluster; and respiratory depression with pinpoint pupils is characteristic of opioids, not stimulants.

8. Mild substance use disorder corresponds to meeting how many DSM criteria?

- A. 1-2 DSM criteria**
- B. 2-3 DSM criteria**
- C. 4-5 DSM criteria**
- D. 6-11 DSM criteria**

In DSM-5, the severity of a substance use disorder is determined by how many criteria are met within a 12-month period. There are 11 possible criteria, and the level of disorder is set by the total count. Meeting two or three criteria corresponds to a mild substance use disorder. This reflects that there is clinically significant distress or impairment, but it's less extensive than the four to five criteria that define a moderate disorder or six or more that define a severe disorder.

9. Which of the following are listed as treatments for cannabis use disorder?

- A. Motivational interviewing only**
- B. CBT only**
- C. NAC and gabapentin only**
- D. CBT, NAC, gabapentin, antidepressants**

Treating cannabis use disorder typically uses a multi-pronged approach that combines psychotherapy with pharmacologic options when appropriate. Cognitive-behavioral therapy provides practical skills for handling triggers, cravings, and relapse prevention, and it's a cornerstone of treatment. On the pharmacologic side, agents like N-acetylcysteine have shown promise in reducing cannabis use and easing withdrawal symptoms in research, while gabapentin has been studied for its potential to lessen withdrawal and use in some patients. Antidepressants come into play when there are co-occurring mood or anxiety disorders; stabilizing mood and addressing these conditions can support cannabis cessation efforts even if the antidepressant isn't directly reducing cannabis use. Putting CBT together with these pharmacologic options reflects a comprehensive treatment plan that addresses both behavior and biology, which is why this combination is listed as a treatment set for cannabis use disorder.

10. Which of the following is a skin finding commonly seen in stimulant users?

- A. Bradycardia**
- B. Cough**
- C. Track marks, sores, cellulitis, abscess**
- D. Weight gain**

Skin problems in stimulant users often come from injection practices, skin picking, and the effects of vasoconstriction. Repeated injections leave track marks and can become contaminated, leading to sores, cellulitis, and abscesses. Many stimulant users also experience intense itching or formication, which drives picking at the skin and worsens lesions. The combination of poor wound care and reduced healing capacity from vasoconstriction makes these skin findings common. In contrast, bradycardia is more typical of depressants or certain medical conditions, cough isn't a skin finding, and weight gain is not commonly associated with stimulant use.

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://behavioralmedsubstanceuse.examzify.com>

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

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