

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. Inhalant intoxication requires two or more symptoms developing during or shortly after exposure. Which of the following is one of those symptoms?**
 - A. Dizziness**
 - B. Euphoria**
 - C. Weight gain**
 - D. Blurred vision**

- 2. What are key ethical considerations in providing treatment for patients with substance use disorders?**
 - A. Confidentiality only**
 - B. Risk assessment for danger to self/others, dual-role conflicts, mandated reporting when applicable, and equitable access to evidence-based treatments**
 - C. Equitable access**
 - D. Informed consent only**

- 3. 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**

- 4. Which component is NOT typically considered a core element of cognitive-behavioral therapy for substance use disorders?**
 - A. Skills training**
 - B. Coping strategies**
 - C. Relapse prevention**
 - D. Pharmacotherapy for relapse prevention**

- 5. Which public health considerations arise regarding cannabis impairment?**
 - A. Roadside impairment testing**
 - B. Education campaigns only**
 - C. Roadside testing and education**
 - D. Pharmacologic treatment at clinics**

- 6. Which statement reflects expanded harm-reduction approaches in substance use practice?**
- A. Eliminating All Services Until Abstinence Is Achieved**
 - B. Growing Emphasis On Abstinence-Only Models**
 - C. Kinetic Approaches To Physical Activity**
 - D. Expanded Harm-Reduction Approaches**
- 7. Compare integrated and sequential treatment approaches for dual diagnosis. What is a key advantage of integrated treatment?**
- A. Integrated treatment treats both SUD and psychiatric disorder simultaneously in a coordinated plan, leading to better engagement and outcomes.**
 - B. Integrated treatment delays psychiatric care until after substance use is addressed.**
 - C. Sequential treatment coordinates both at once but with separate plans.**
 - D. Sequential treatment is superior in engagement.**
- 8. Which emerging direction involves expanding strategies to reduce harm and minimize negative outcomes associated with substance use?**
- A. Integrated Care Models**
 - B. Expanded Harm-Reduction Approaches**
 - C. Addressing Polysubstance Use**
 - D. New Pharmacotherapies Targeting Craving**
- 9. In buprenorphine-naloxone formulations, what is the purpose of including naloxone?**
- A. It enhances the analgesic effect when taken orally.**
 - B. It deters misuse by injection, since naloxone is poorly absorbed sublingually but active if injected.**
 - C. It increases the half-life of buprenorphine.**
 - D. It blocks NMDA receptors to reduce cravings.**

10. Which statement defines binge drinking?

- A. Pattern of drinking that brings BAC greater than 0.08; Men: more than 5 drinks in 2 hours; Women: more than 4 drinks in 2 hours**
- B. Drinking More Than 5 Drinks In A Day**
- C. Drinking Until Drunk**
- D. Any Drinking In A 24-Hour Period**

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Answers

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

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Explanations

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1. Inhalant intoxication requires two or more symptoms developing during or shortly after exposure. Which of the following is one of those symptoms?

- A. Dizziness**
- B. Euphoria**
- C. Weight gain**
- D. Blurred vision**

Inhalant intoxication is defined by the presence of two or more symptoms that develop during or shortly after exposure, reflecting the rapid CNS depressant effects of inhaled substances. Dizziness fits this pattern particularly well, because inhalants quickly impact brain function and balance, leading to lightheadedness and a sense of vertigo or unsteadiness. That acute, easily observable sign is a classic clue to intoxication. Weight gain, on the other hand, is not an immediate or typical sign of acute inhalant intoxication; it reflects more long-term metabolic or health changes rather than the immediate CNS effects being measured. Blurred vision can occur with some inhalants but dizziness is a more consistently recognized symptom of the intoxication picture, making it the best choice among the options. Euphoria can occur with various drugs, but it's not as specifically tied to the acute inhalant intoxication syndrome as dizziness is.

2. What are key ethical considerations in providing treatment for patients with substance use disorders?

- A. Confidentiality only**
- B. Risk assessment for danger to self/others, dual-role conflicts, mandated reporting when applicable, and equitable access to evidence-based treatments**
- C. Equitable access**
- D. Informed consent only**

Ethical care in substance use disorder treatment centers on protecting patient safety, ensuring fair access to effective care, and maintaining professional boundaries. The best answer reflects a comprehensive view of these duties: assess risk to self or others to prevent harm, recognize and manage dual-role conflicts that can blur boundaries between different professional roles, comply with mandated reporting when laws or ethical obligations require it, and guarantee equitable access to evidence-based treatments. Why this matters: risk assessment for danger to self or others helps prevent harm from overdose, self-harm, or aggression, which is a direct obligation of clinicians to do no harm. Dual-role conflicts can undermine trust and objectivity—being aware of and managing these boundaries preserves the integrity of the treatment relationship. Mandated reporting obligations exist to protect others (for example, minors or vulnerable individuals) and to adhere to legal requirements. Equitable access to evidence-based treatments ensures that all patients have a fair opportunity to benefit from validated interventions, reflecting justice and beneficence. Confidentiality, while essential for trustworthy care, is only one facet of ethics and does not by itself capture safety planning, legal duties, or access issues. Informed consent is likewise critical, but on its own it doesn't address risk management, boundary integrity, or ensuring that patients can actually obtain proven treatments. Equitable access alone addresses fairness but misses safety and legal responsibilities.

3. 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.

4. Which component is NOT typically considered a core element of cognitive-behavioral therapy for substance use disorders?

- A. Skills training
- B. Coping strategies
- C. Relapse prevention
- D. Pharmacotherapy for relapse prevention**

Cognitive-behavioral therapy for substance use disorders focuses on teaching patients practical skills to manage cravings, triggers, and high-risk situations, with an emphasis on changing thoughts and behaviors that contribute to use. Skills training provides the concrete tools people need to perform alternative, healthy actions when urges arise. Coping strategies equip individuals to handle stress, negative emotions, and cues without turning to substances. Relapse prevention concentrates on recognizing high-risk contexts, early warning signs, and creating step-by-step plans to maintain abstinence or reduce use in challenging moments. Pharmacotherapy for relapse prevention, while valuable in many cases, is a pharmacological treatment rather than a behavioral therapy technique, and thus it isn't a core component of CBT itself. It may be used alongside CBT in a comprehensive treatment plan, but the CBT framework centers on skills, coping, and relapse planning rather than medication management.

5. Which public health considerations arise regarding cannabis impairment?

- A. Roadside impairment testing**
- B. Education campaigns only**
- C. Roadside testing and education**
- D. Pharmacologic treatment at clinics**

Addressing cannabis impairment from a public health perspective requires both detecting impairment in real time and preventing it through education. Roadside impairment testing provides enforcement tools to identify drivers who are impaired at the moment, using standardized field tests and, when appropriate, chemical tests. Education campaigns complement this by informing the public about how cannabis affects driving, how potency and product type influence impairment, and the importance of safe transportation alternatives. Together, testing helps deter risky driving while education reduces the occurrence by shaping behavior and awareness. Pharmacologic treatment at clinics, while important for cannabis use disorders, doesn't directly address driving impairment in the moment, so it isn't the primary public health approach to impairment on the road.

6. Which statement reflects expanded harm-reduction approaches in substance use practice?

- A. Eliminating All Services Until Abstinence Is Achieved**
- B. Growing Emphasis On Abstinence-Only Models**
- C. Kinetic Approaches To Physical Activity**
- D. Expanded Harm-Reduction Approaches**

Harm-reduction approaches focus on minimizing the negative consequences of substance use and meeting people where they are, without requiring abstinence as a prerequisite for care. Expanding these approaches means broadening the range of proven strategies, so individuals can access help, resources, and supportive services regardless of how much or how often they use substances. This includes overdose prevention (like naloxone), cleaner-use supplies, safe-use education, access to medications for treatment (such as methadone or buprenorphine), testing and treatment for infectious diseases, vaccination, housing and social supports, and linking people to care in a nonjudgmental way. The idea is to reduce harm and improve health outcomes across diverse situations and levels of use. Options that push abstinence as the only path or withdraw services until abstinence is achieved align with abstinence-only models, not harm reduction. An item about kinetic approaches to physical activity doesn't address substance-use harms or the strategies used to mitigate them.

7. Compare integrated and sequential treatment approaches for dual diagnosis. What is a key advantage of integrated treatment?

- A. Integrated treatment treats both SUD and psychiatric disorder simultaneously in a coordinated plan, leading to better engagement and outcomes.**
- B. Integrated treatment delays psychiatric care until after substance use is addressed.**
- C. Sequential treatment coordinates both at once but with separate plans.**
- D. Sequential treatment is superior in engagement.**

Integrated treatment for dual diagnosis delivers care for both the substance use disorder and the co-occurring psychiatric disorder in one coordinated program. By treating both conditions at the same time, all therapies, medications, and supports are aligned under a single plan rather than pursued separately. This coherence makes it easier for patients to engage, since they receive a unified message and fewer logistical hurdles, such as multiple providers and conflicting recommendations. The integrated approach also helps reduce psychiatric symptoms and substance use together, improving overall functioning and treatment retention. In contrast, sequential approaches address one condition first and delay or separate care for the other, which can create gaps in treatment and lower engagement and outcomes.

8. Which emerging direction involves expanding strategies to reduce harm and minimize negative outcomes associated with substance use?

- A. Integrated Care Models**
- B. Expanded Harm-Reduction Approaches**
- C. Addressing Polysubstance Use**
- D. New Pharmacotherapies Targeting Craving**

Harm reduction focuses on reducing adverse outcomes from substance use, even when use continues. Expanded harm-reduction approaches broaden strategies such as naloxone distribution, syringe services, safe-use education, fentanyl testing strips, low-threshold access to treatment, and nonjudgmental, client-centered care to prevent overdoses, infections, and other harms while linking people to care. This makes it the best fit because it explicitly centers on minimizing negative outcomes and meeting people where they are, rather than insisting on abstinence or focusing mainly on treating craving or coordinating general care. The other options discuss integrating care, addressing multiple substances, or developing craving-targeted medications, which are important but do not specifically emphasize expanding harm-reduction strategies as the primary direction.

9. In buprenorphine-naloxone formulations, what is the purpose of including naloxone?

- A. It enhances the analgesic effect when taken orally.**
- B. It deters misuse by injection, since naloxone is poorly absorbed sublingually but active if injected.**
- C. It increases the half-life of buprenorphine.**
- D. It blocks NMDA receptors to reduce cravings.**

The key idea is misuse deterrence. In these formulations, naloxone is included so that if the product is used as directed (sublingually), naloxone has very poor absorption through the mouth and won't block buprenorphine or cause withdrawal. But if someone tries to misuse it by injecting the medication, the naloxone is rapidly absorbed and acts as an opioid receptor antagonist, which can precipitate withdrawal in someone who is opioid-dependent. This makes injection less appealing and helps prevent abuse. Other possibilities don't fit the intended purpose: taking it orally wouldn't meaningfully enhance analgesia or duration, naloxone doesn't increase buprenorphine's half-life, and it doesn't act by blocking NMDA receptors to reduce cravings.

10. Which statement defines binge drinking?

- A. Pattern of drinking that brings BAC greater than 0.08; Men: more than 5 drinks in 2 hours; Women: more than 4 drinks in 2 hours**
- B. Drinking More Than 5 Drinks In A Day**
- C. Drinking Until Drunk**
- D. Any Drinking In A 24-Hour Period**

Binge drinking is defined as a pattern of drinking that brings blood alcohol concentration to 0.08 percent or higher. In adults, this typically means five drinks for men or four drinks for women within about two hours. That two-hour window is essential because the same number of drinks spread over a longer period may not reach 0.08% and wouldn't meet the definition. The definition combines the BAC threshold with the rapid intake, providing a precise marker for risky drinking. The other statements don't fit because they omit either the specific BAC level or the quick timeframe: five drinks in a day may be heavy but not necessarily at 0.08% in two hours; drinking until drunk is vague and subjective; any drinking in 24 hours is too broad and ignores the rapid consumption aspect.

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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