

feasible in hospital and community settings where intoxication or withdrawal management would occur. However, these settings should have processes in place to facilitate appropriate follow-up. Health insurance coverage for routine lower value tests (eg, LFTs, renal function) may vary.

Toxicology Testing

No studies were identified that evaluated the use of toxicology testing as routine diagnostics for patients with suspected stimulant intoxication or withdrawal. There are limitations to the utility of toxicology testing for the management of stimulant intoxication or withdrawal, particularly in emergency settings when samples need to be sent to external laboratories. Toxicology testing may answer specific questions regarding a patient's recent substance use but is limited by the specific test, as some stimulants are not included on typical screening panels. When performing toxicology testing for stimulant intoxication in acute care settings, clinicians should be aware of the limitations of the tests used. A tradeoff exists between the time delay to process a test versus the accuracy and specificity of the information obtained. Screening (ie, presumptive testing) results are often available but less accurate than confirmatory tests and have limited utility in acute intoxication or withdrawal management. Observation of clinical effects and patient self-report are often more informative and more immediate than toxicology testing.

Despite these limitations, toxicology testing in acute care settings has some potential utility by providing valuable information to clinicians delivering follow-up StUD care. It can help inform clinical thinking regarding the differential diagnosis of a patient who presents with unspecified agitation, confusion, delirium, psychosis, chest pain, seizure, or autonomic hyperactivity. Toxicology testing can also help identify substances (both prescribed and nonprescribed) that could potentially produce drug–drug interactions when considering pharmacotherapy to manage stimulant intoxication or withdrawal. As well, toxicology testing in acute clinical settings remains important for public health surveillance and forensics.

Panels used in acute care settings should ideally test for regionally or demographically prevalent stimulants rather than screening for every testable stimulant. **It is critical to keep in mind that a negative test result only confirms that the particular target of the test was not detected in the sample.** Immunoassays for the cocaine metabolite, benzoylecgonine, have high sensitivity and specificity, whereas available immunoassays for amphetamines have lower specificity and often require confirmatory testing.

As discussed in ASAM's *Appropriate Use of Drug Testing in Clinical Addiction Medicine* consensus statement, there are known limitations to urine immunoassays for amphetamines, and providers should be cautious when interpreting their results. A recent review found that amphetamine immunoassays are subject to a roughly 4% to 10% false