



EtG Testing Is My Client Really “Drinking?”

The test for EtG is to identify Ethyl Glucuronide and Ethyl Sulfate, the two unique biomarkers produced as the human body metabolizes alcohol. The cutoff level of Ethyl Glucuronide is 500 ng/mL as established in 2012 by the Substance Abuse Mental Health Services Administration (SAMHSA). The cutoff level for Ethyl Sulfate is 100 ng/mL, also established under SAMHSA’s 2012 guidelines. The cutoff levels for both Ethyl Glucuronide and Ethyl Sulfate are designed to eliminate “false” positives due to over-the-counter products and foods containing alcohol (ethanol).

The presence of Ethyl Glucuronide and Ethyl Sulfate at levels above the cutoff levels are strong indications of the consumption of an alcoholic beverage. The EtG test is the most accurate test available for determining the presence of alcohol in urine. The window of detection for alcohol via the EtG test is up to 80 hours, though the typical window of detection is 48 to 72 hours after consumption of alcohol beverages.

The levels of Ethyl Glucuronide and Ethyl Sulfate do not scientifically provide insight into how much alcohol an individual has consumed, the specific time of the event nor the type of alcohol consumed, beer, wine, liquor, etc., only the scientific confirmation that both biomarkers are present in the urine at the time of the specimen collection and that the levels of Ethyl Glucuronide and Ethyl Sulfate are above the cutoff levels. EtG test results cannot be equated to a breath-alcohol test. The BAT is a “point-in-time” result that measures the level of alcohol in the deep lung air. EtG test results are based upon alcohol detected in urine stored in the bladder. The hydration of the bladder (the volume of urine in the bladder) dramatically affects the detectable level of alcohol in the urine. EtG test results cannot be used to determine the “effect” (how intoxicated someone was) of the alcohol consumed, only that the individual consumed alcohol beverages.