

## ETG GUIDANCE

Much has been written of late concerning the laboratory test EtG, a biomarker for alcohol use. FirstLab has received numerous inquiries regarding its accuracy and what cut off levels are appropriate. More specifically, what cutoff level would be an absolute indication of alcohol consumption vs. incidental exposure. FirstLab wishes to offer the following guidance to our clients.

Many sources have used the term "false positive" to describe EtG positive results reportedly caused by incidental exposure. This is incorrect. What we are seeing with EtG is comparable to the low level opiate positive results that were obtained early in drug testing's history due to the ingestion of poppy seeds by donors. These were true positives, just as the EtG results are true positives, but they were caused by a dietary artifact rather than opiate abuse. Therefore, what is at issue with a positive EtG is not the legitimacy of the positive result, but the source of the ingested alcohol.

It has been determined that incidental exposure to some products which contain alcohol (i.e. mouthwash, hand sanitizer, etc.) and the consumption of foods prepared with or flavored with alcohol, can result in low level EtG positives. Currently the definition of a "low level positive" is the subject of much debate. It is important to bear in mind, however, that "low level" EtG positives can also be obtained when testing an individual who is on either the upside or downside of the absorption curve.

EtG testing can be a very effective tool in monitoring individual abstinence when used in conjunction with other monitoring techniques such as increased surveillance, case manager contact and interviews with family members or employers, if appropriate, to determine if relapse has occurred.

Some other things that should be considered when using EtG as a monitoring tool include specifying in writing when they enter the program that the participant must abstain from using products (i.e. mouthwash, hand sanitizer, breath spray, over the counter and prescription medications, etc.) which contain alcohol or consuming foods that are prepared or flavored with alcohol for the duration of their monitoring contract. Indicate that failure to do so will put the participant at risk of non-compliance.

In addition, when an individual has tested positive for EtG and claims it is the result of incidental exposure, they should meet with their case manager and be directed, in writing, once again to abstain from using products (i.e. mouthwash, hand sanitizer, breath spray, over the counter and prescription medications, etc.) which contain alcohol or consuming foods that are prepared or flavored with alcohol. Inform the participant that future positive EtG tests will subject them to disciplinary action.

It should be made very clear that it is the responsibility of the participant to review the labels of all personal care products and vigorously interrogate all food preparation methods prior to consuming or using these foods or products to determine whether they contain alcohol. Participants must also alert their physician of this abstinence requirement so that clinical courses of treatment can be adjusted accordingly.

In conclusion, EtG can be a very effective tool when used in confronting a monitored individual about alcohol ingestion, but a positive EtG test should not be used as stand alone proof of relapse. FirstLab realizes that every program and every participant is unique and we offer these guidelines as additional reference material to help your program to make the most of this important monitoring tool.

**FOR FURTHER INFORMATION ON ETG OR ANY OTHER LABORATORY TESTING, PLEASE  
CONTACT FIRSTLAB'S BUSINESS DEVELOPMENT DEPARTMENT AT 800-732-3784.**