DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 04-11854
SSN:	)	
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Caroline H. Jeffreys, Esquire, Department Counsel
For Applicant: *Pro se*

May 27, 2009

Decision

MASON, Paul J., Administrative Judge:

Based upon a review of the case file, pleadings, exhibits, and testimony, eligibility for access to classified information is denied.

Statement of the Case

Applicant submitted his Security Clearance Application (SCA) on September 8, 2003. On January 16, 2009, the Defense Office of Hearings and Appeals (DOHA) issued a Statement of Reasons (SOR) detailing security concerns under psychological conditions (Guideline I), alcohol consumption (Guideline G), and drug involvement (Guideline H). The action was taken pursuant to Executive Order 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive), and the revised adjudicative guidelines (AG) promulgated by the President on December 29, 2005, and made effective within the Department of Defense for SORs issued on or after September 1, 2006.

Applicant furnished an answer to the SOR on February 17, 2009. He provided an attachment to his answer which has been admitted in evidence as Applicant's exhibit (AE S). DOHA issued a notice of hearing on March 6, 2009, and the hearing was held on March 25, 2009. At the hearing, nine government exhibits (GE 1 through 9) were admitted in evidence without objection to support the Government's case. Applicant testified and submitted fifteen exhibits (AE A through AE O). He provided AE P through AE R following the hearing within the time allowed. Those exhibits have been admitted in evidence. DOHA received a copy of the transcript (Tr.) of the proceedings on April 10, 2009.

Rulings on Procedure

I have taken administrative notice of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The diagnostic codes, i.e., 303.30, that appear in the SOR, can be found in the DSM-IV. I have included additional codes in SOR 1.g., and 1.h. For example, the DSM code for alcohol abuse as diagnosed by the certified counselor in SOR 1.g. is 305.00.

Subparagraph 1.a. is amended pursuant to E3.1.17. of the Directive by adding the word "features" after the word "Psychotic" and before the DSM-IV reference. Subparagraph 1.h. is amended by replacing "inventions" with "interventions."

The government moved to amend Subparagraph 3.a. of the SOR as follows: "You used marijuana approximately 90 to 125 times from 1995 to 1999, then sporadically until 2003, then two or three times until 2007 (Tr. 79)." The government also requested that subparagraph 3.d. be changed to read: "You consumed hallucinogenic mushrooms approximately 15 to 20 times in 1998 and 1999, and on one occasion in February 2008 (Tr. 80)." Both proposed amendments were granted pursuant to E3.1.17. of the Directive (*Id*.)

Findings of Fact

The SOR has eight allegations under the psychological conditions guideline, five allegations under the alcohol consumption guideline, and five allegations under the drug involvement guideline. Applicant admitted all allegations.

Applicant has been employed as a test engineer with a defense contractor since May 2007. He has worked for this employer since 2003. He is 32 years old, engaged, with no children. He seeks a security clearance.

From September 19, 2001 to September 25, 2001 (SOR 1.a.), Applicant received inpatient treatment (GE 6). The medical history and interview revealed suicidal ideas, but none at the time of admission. Applicant recounted increasing incidents of self-destructive behavior, including, provoking fights at bars, and burning or cutting his wrist. Before admission, Applicant indicated heavier drinking until backout, though he denied drinking when he called the police. Applicant stated he usually drank on the weekends

only (*Id*. at 2). At the time of discharge, a medical doctor diagnosed him with major depression, single episode, without psychotic "features" (296.23) and alcohol dependence (303.90) (AE 4, 6).

Applicant was readmitted to the hospital for mental health treatment from October 9 to October 11, 2001 (SOR 1.b.). On the day of admission, Applicant consumed 7 beers and liquor. He had a cut on his right wrist (GE 7). He noted drinking to the point of blackouts on the weekends, with constant drinking habits since college, only more intense (*Id*. at 2). The medical record indicated in the medical history portion that Applicant demonstrated poor insight and judgment. Applicant's discharge diagnosis was alcohol induced mood disorder, (291.89), alcohol dependence (303.30), personality disorder, not otherwise specified (301.9) (AE GE 4, 7).

From October 8, 2001 to April 11, 2002 (1.c.), Applicant received inpatient and outpatient treatment at a behavioral hospital (GE 8).[1] The course of treatment on November 15, 2001, showed that Applicant was admitted for inpatient care after drinking daily and showing that he had cut himself; however, he showed no suicidal thoughts (*Id*.)

On November 26, 2001 (SOR 1.c.), Applicant was re-admitted to the same behavioral hospital referred to in GE 8. Under the course of treatment portion of the medical records, it was noted that Applicant had a year-long history of self-destructive behavior, blackouts,[2] coupled with drug and alcohol addiction. A reason for Applicant's condition was that he was troubled over his father returning to his home country. Applicant advised hospital personnel he had terminated his heavy alcohol and drug use the day before he was admitted (*Id*.).

On Applicant's discharge from treatment on April 11, 2002 (1.c.), he was diagnosed with bipolar disorder, depressive episode, severe (296.53); polysubstance abuse, and borderline personality disorder. Applicant also received a diagnosis during outpatient treatment of bipolar disorder depressed type, alcohol dependence, and borderline personality with borderline traits (301.83) (GE 8, 9).

During the course of Applicant's treatment from January to June 2002 (1.d.), he was diagnosed with substance induced mood, psychotic disorder, experiencing visual hallucinations and paranoia, and self-mutilation (GE 4, 9).

Subparagraph 1.e. of the SOR refers to inpatient treatment Applicant received in the summer of 2004 for depression and alcohol abuse (GE 4).

---

[1] The exhibit includes medical records that reflect Applicant was treated as an inpatient or outpatient on five occasions during the period.

[2] Applicant indicated his last blackout occurred in June 2008 (Tr. 40).

From March 2004 to January 2008 (SOR 1.f.), Applicant received treatment from three mental health professionals. He indicated that he consulted with the first doctor about 10 times, but stopped the sessions because he was feeling better. He consulted the second listed doctor about 10 times, but stopped due to time constraints (*Id*.). Applicant continues to take a medication for obsessive-compulsive disorder prescribed by the third doctor listed in SOR 1.f. (Tr. 36-37).

In May 2008, (1.g.), a licensed professional counselor, and certified cognitive addictions professional, diagnosed Applicant with alcohol abuse (305.00).[3] According to the assessment letter provided by the counselor (GE 2), this diagnosis was based on interviews with Applicant, and the Alcohol Use Inventory (AUI) questionnaire. In the interview, Applicant described his drinking pattern, and that he occasionally used alcohol to deal with stress an anxiety. The counselor believed that the alcohol caused disruptions in Applicant's personal behavior and social functioning. The counselor chose an alcohol abuse over a substance dependence diagnosis since, in the counselor's opinion, Applicant only met two of the criteria for the DSM definition of alcohol dependence. There is no indication the counselor had access to the medical records.

On July 24, 2008 (1.h.), a clinical psychologist (the government mental health professional) conducted a mental health evaluation of Applicant (GE 3). Prior to his evaluation, he reviewed medical records of Applicant. Next, he conducted a clinical interview of Applicant on June 24, 2008. He noted Applicant's obsessive-compulsive issues, and that Applicant was still receiving medication. Then, the psychologist administered the Minnesota Multiphasic Personality Inventory (MMPI). The R and Mac R scales of the MMPI suggested to the psychologist that "[Applicant] has little insight into the motivation for his drinking and tends to minimize its effects on his personality." The psychologist opined the testing suggested Applicant was defensive about his drinking (*Id*.).

The diagnosis provided by the psychologist for Applicant was alcohol dependence (303.90), in early partial remission,[4] and personality disorder, not otherwise specified (301.9) (*Id*. at 2).[5] The psychologist concluded that because of Applicant's historical pattern of drinking, even after several interventions, his drinking may cause a significant defect in his psychological, social, or occupational functioning in the future. Though the psychologist did not believe Applicant would divulge classified information, the drinking that impairs his judgment could lead to accidents or physical injury (*Id*. at 3).

[3] The counselor also noted that Applicant agreed to report to a psychiatrist for an assessment.

[4] The DSM-IV activates this specifier when, for a month or more, but less than 12 months, one or more criteria for dependence has been met, but when the full criteria for dependence has not been met.

[5] The psychologist defined the disorder as an individual having problems learning from his mistakes.

The counselor in 1.g. stated in a letter dated October 6, 2008, that he had continued to consult with Applicant, and that he claimed he had abstained from alcohol for three months since May 2008 (AE Q). The counselor noted that Applicant made some changes in his daily activities to enhance his chances of being alcohol free. No additional information was provided regarding these changes.

On December 8, 2008, Applicant's counselor stated he consulted with Applicant on November 21, 2008 and believes Applicant has maintained abstinence for five months. While Applicant noted he consulted with the counselor every two weeks, there was no documented contact after November 21, 2008.

Alcohol Consumption

Applicant has consumed alcohol from 1994 to June 2008 (SOR 2.a.). From late 1994 to about January 2002, Applicant consumed beer and shots of liquor, drinking between six and 24 drinks (GE 4). He always drank to intoxication either at bars or social settings. This pattern of drinking lasted until Applicant was admitted for treatment in September 2001. *See*, 1.a. of the SOR. Though he was not certain, Applicant believes he did not drink for two years between 2000 and 2002 (Tr. 35).

Applicant described his alcohol use in 2006 as drinking two or three times a week to intoxication until June 2006, when he reported he drank once a week; then, he claimed that from June 2007 to the January 2008, he drank once every other month, while drinking to intoxication once a month (GE 4). Applicant has not consumed alcohol since June 30, 2008 (Tr. 21).

In May 1999 (SOR 2.b.), Applicant was detained for public intoxication, and spent a night in jail. He noted he was not charged, but acknowledged he had been drinking (Tr. 27). Applicant had been drinking in October 2005 (SOR 2.c.) when he was arrested for public drunk. The charge was expunged (Tr. 28). The June 2008 (SOR 2.d.) arrest for public intoxication (*Id*.) was dismissed when the arresting officer did not appear in court; Applicant had been drinking before his arrest (*Id*.).

Though Applicant believes the public intoxication incident in June 2008 was a factor that helped him stop drinking, he did not know the primary cause (Tr. 48) for becoming abstinent. There was something different about the circumstances that persuaded him to stop.

When asked whether he was an alcoholic, Applicant was aware he could be (*Id*.), but did not think he fit the clinical definition (Tr. 49). Applicant noted that for about 10 years he had trouble controlling his consumption (*Id*.) In the last few years, Applicant claimed he got intoxicated only on a weekend day when he would drink six to 12 drinks (Tr. 46). In addition, he stated that any time he found himself in inpatient or outpatient treatment, it was because he volunteered himself for treatment (Tr. 24).

While there may have been some period in 2002 or 2003 that Applicant abstained from alcohol (Tr. 35), he did not really have the knowledge or insight into his motivations for using alcohol until he began consultations with the counselor[6] in SOR 1.g.

Applicant's counselor has given him insight on why he was drinking the way he was drinking (Tr. 27). No additional information was provided. Applicant sees his counselor less frequently since he stopped drinking because about 25% of the sessions were being spent talking about sports (Tr. 38).

Applicant has not tried Alcoholics Anonymous (AA) because he is not comfortable in the way the organization conducts their meetings, particularly with the constant reference in the group discussions to the word alcohol (Tr. 83). In addition, he does not need therapy as he has no desire to drink in the future (Tr. 39). Should Applicant experience an urge to drink in the future, he will seek support from his fiancee, sister, or his mother (Tr. 82).

Applicant disputes the conclusions made by the government psychologist (SOR 1.h.) on page two of GE 3 (Tr. 68-75) with respect to his psychological and alcohol condition. He was aware he had a drinking problem and is trying hard to seek professional help to control it (Tr. 69). Applicant disagreed that the only predictor of future behavior is past behavior (Tr. 74).

Drug Involvement

Applicant used marijuana (SOR 3.a.) approximately 90 to 125 times between 1995 and 1999. He used the drug with less frequency between 1999 and 2003. After 1999, his use of the drug was sporadic, ingesting the drug two or three times until 2007 (Tr. 44).

In February 1998 (SOR 3.b.), Applicant was fined $500 for bringing marijuana into the United States (U.S.) (GE 4). Applicant received a related charge for being in possession of marijuana (SOR 3.c.) in 1999. Applicant consumed hallucinogenic mushrooms (SOR 3.d.) 15 to 20 times in 1998 and 1999, a few times until 2003, and one time in February 2008. Applicant's cocaine use (SOR 3.e.) occurred on 20 to 25 occasions between 1998 and 2005 (GE 4). His last use occurred after he applied for a security clearance on September 8, 2003.

Applicant stopped using cocaine, marijuana, and the other drugs listed in the SOR because they triggered his psychological problems such as hallucinations and paranoia (Tr. 40-41). He believes he stopped most of his drug use in 2002 (Tr. 25), with only sporadic use since then. His drug use would generally occur during extreme alcohol intoxication (Tr. 45), and would bring on depression (Tr. 46).

[6] Applicant also consulted with several therapists not listed in the SOR (Tr. 36).

Character Evidence

Applicant provided several character references from coworkers and friends. A structural engineer (Witness 1, AE A), who has known Applicant for four years, lived with him from 2007 to the spring of 2008. Witness A knew Applicant got intoxicated in the past, but recently Applicant consumes less alcohol and drinks infrequently.

A project manager (Witness 2, AE B) who had known Applicant personally and professionally for 10 years, considers Applicant a real professional.

Witness 3 (AE C), a systems engineer, has known Applicant for three years. In the last nine months the two have become much closer due to their work in a symposium for engineers. Witness C considers Applicant trustworthy.

Witness 4 (AE D), a coworker for three years, believes Applicant is a very organized person.

Witness 5 (AE E), an engineer who has known Applicant for more than two years, congratulates Applicant's trustworthiness and team-player-attitude.

Witness 6 (AE F) has known Applicant since December 2006, and considers him a self-starter. Applicant advised witness F that he has been alcohol free for eight months.

Witness 7 (AE G) has known Applicant since August 2007, and recently recommended him for promotion. Applicant's performance evaluation (AE H) reflects good to outstanding marks for 2006/2007. AE L reflects a middle of the year performance (July 2007) rating at 2.66 out of a maximum 4 rating. AE L also shows Applicant's middle of the year performance rating in July 2008 at 3.05 out of a 4 maximum performance rating.

Witness 9 (AE I) has directed and observed Applicant's work for four years. Witness 9 believes Applicant has made important contributions to various projects.

AE J contains three certificates of appreciation, one award for attendance, and a prestigious certificate of achievement for his contribution to excellent award fee scores.

Applicant's friend of 15 years (Witness 10, AE K) believes Applicant is trustworthy.

AE M and N are daily reminders (aphorisms) Applicant utilizes to help him engage in more positive action every day. Toward that end, he applies some teachings from a revered, motivational leader.

AE O contains e-mails from coworkers expressing their favorable views of working with Applicant. AE P contains a positive reference from Applicant's future father-in-law (witness 11) who believes Applicant is a thoughtful and trustworthy person.

In AE S, Applicant stated that since he stopped consuming alcohol, he has been able to enjoy life. He has no desire to make poor decisions in the future.

Policies

When evaluating an applicant's suitability for a security clearance, the Administrative Judge must consider the revised adjudicative guidelines (AG). In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are useful in evaluating an Applicant's eligibility for access to classified information.

These guidelines are flexible rules of law. Recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The Administrative Judge's ultimate adjudicative goal is a fair, impartial and common sense decision. According to the AG, the entire process is a careful, thorough evaluation of a number of variables known as the "whole person concept." The Administrative Judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. Reasonable doubt concerning personnel being considered for access to classified information will be resolved in favor of national security. In reaching this decision, I have drawn only those conclusions that are reasonable, logical and based on the evidence contained in the record. Likewise, I have avoided drawing inferences grounded on mere speculation or conjecture.

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the Applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel. . . ." The applicant has the ultimate burden of persuasion in order to obtain a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship is not restricted to normal duty hours. Rather, the relationship is an-around-the-clock responsibility between an applicant and the federal government. The government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

Analysis

Psychological Conditions (PC)

27. *The Concern*. "Certain, emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be concern under the guideline. A duly qualified mental health professional employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline. No negative inference concerning the standards in this Guideline may be raised solely on the basis of seeking mental health counseling."

The opinion of a qualified mental health professional as to the existence of a mental condition is controlling unless it is based on clearly erroneous evidence. Assuming that the evidence establishes the existence of a mental condition, I still must decide whether the condition may impair an applicant's judgment, reliability or trustworthiness.

With regard to the psychological condition of personality disorder, not otherwise specified, only the government psychologist rendered this diagnosis. In GE 3, the psychologist articulated the procedure he used before delivering his diagnosis. He noted that the medical records were reviewed before the interview, and were also incorporated in the overall assessment of Applicant. Next, the psychologist conducted a clinical interview of Applicant in which Applicant stated he had established a professional relationship with the counselor (SOR 1.g.), and that his goal was to remain sober for 30 days.

The government psychologist noted Applicant's obsessive-compulsive behavior (for which Applicant is still receiving medication). As noted in the factual findings, the psychologist conducted the MMPI testing and rendered his conclusions regarding Applicant's lack of insight and minimization. Considering the evidence as a whole, specifically the medical records since 2001, and Applicant's statements in the various interviews contained in GE 4 and 5, I accept the government's psychologist's opinion concerning Applicant's personality disorder. PC DC ¶ 28.b. (*an opinion by a duly qualified mental health professional that the individual has a condition not covered under any other guideline that may impair judgment, reliability or trustworthiness*) applies.

I have carefully evaluated the mitigating conditions (MC) and determined that none apply. Applicant's disagreements with the government psychologist's findings are acknowledged, but without substantiation, do not overcome the expert evidence. The medical records, the testing, and the clinical interview establish an adequate foundation for the personality disorder diagnosis.

The mitigators have been reviewed, but none are applicable. PC MC ¶ 29.b. (*the individual has voluntarily entered counseling or treatment for a condition that is*

manageable to treatment, with a favorable prognosis by duly qualified health professional) PC MC ¶ 29.b. does not apply as the counselor is treating Applicant for his alcohol problem, not his personality disorder. Without evidence of treatment or a prognosis by a mental health professional, PC MC ¶ 29.b. is removed as a mitigator. PC MC ¶ 29.c. (*recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation*) is inapplicable as there is insufficient evidence that Applicant's personality disorder is under control. According to the government psychologist, the chances for recurrence of the behavior in the future were expected based on the occurrence of the condition in the past. Having weighed all the evidence, including Applicant's testimony, the PC guideline is resolved against him.

Alcohol Dependence (AC)

¶ 21. *The Concern*. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness."

Alcohol Consumption (AC) disqualifying condition (DC) ¶ 22.a. (*alcohol-related incidents away from work regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent*), AC DC ¶ 22.c. (*habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent*), and AC DC ¶ 22.d. (*diagnosis by a duly qualified medical profession of alcohol abuse or alcohol dependence*) apply. The record indicates several alcohol-related incidents that satisfy AC DC ¶ 22.a., as well as binge consumption of alcohol that fall within the scope of AC DC ¶ 22.c.

Since the mental health professionals disagree on the alcohol diagnosis, I have to determine which one carry more weight. To make that decision, I must identify the source material the experts had before they conducted their interviews of Applicant.

The licensed counselor for the government (SOR 1.g.), (who became Applicant's treating counselor) reviewed Applicant's statements and interviews/interrogatory responses before his clinical interview of Applicant regarding his alcohol problem. However, there is no indication the counselor had any medical records or that he conferred with the psychological consultant he referenced in his report (GE 2). The only test the psychologist conducted was the Alcohol Use Inventory (AUI) questionnaire. The counselor defended his alcohol abuse diagnosis by claiming Applicant met only two of the elements of alcohol dependence. Lacking Applicant's medical record may have been the reason for the counselor's alcohol abuse diagnosis. Having reviewed the medical records and weighed them with the statements, I am unable to accept the counselor's alcohol abuse diagnosis.

The clinical psychologist for the government had the above statements, and Applicant's medical records. Those medical records provided the psychologist with a

more complete history of Applicant's alcohol use since before 2001. Though the psychologist did not use the AUI questionnaire, he used the MMPI, an inventory designed to elicit more accurate responses about all elements of Applicant's character. In conclusion, because the clinical psychologist had medical records and the MMPI presenting him with a probative picture of the scope of Applicant's alcohol use over the years, this added material resulted in a greater foundation for the diagnosis that was made by the psychologist. I accept his diagnosis of Applicant's alcohol dependence in early remission over the counselor's diagnosis of alcohol abuse.

I am unable to apply AC MC ¶ 23.a. (*so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment*) in mitigation as Applicant has been alcohol free for only about 9 months. He has consumed alcohol at serious levels since 1994. While his drinking may have decreased over the years, there is very little evidence to substantiate it. Furthermore, Applicant's testimony demonstrates his drinking frequency since 2006 was more than he stated in GE 4. Given Applicant's past history with practically no long-term attendance in an aftercare program like AA or other professional therapy, the probability of a future recurrence of excessive alcohol consumption in the future is more likely. Hence, his long history of alcohol dependence continues to carry a negative impact on his judgment and reliability.

AC MC 23.b. (*the individual acknowledges his or her alcoholism or issues of alcohol abuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence or responsible use*) is not applicable because Applicant refuses to accept the fact he is an alcoholic. The action he has taken to overcome his alcohol dependence, and the nine-month period of abstinence is not sufficient to apply AC MC ¶ 23.b

AC MC ¶ 23.d. (*the individual has successfully completed inpatient treatment or outpatient treatment counseling or rehabilitation along with the any required aftercare, has demonstrated a clear an established pattern of modified consumption or abstinence in accordance with treatment recommendations, such as participation in meetings of AA or a similar organization and has received a favorable prognosis by a duly qualified medical professional or a licensed clinical social worker who is a staff member of a recognized alcohol treatment program*) is not applicable. Applicant has not been abstinent for 12 months. Though he is in counseling, he is not participating in any therapy such as AA. The only prognosis is that of the government psychologist who opined that the lack of insight may trigger alcohol problems in the future. Applicant's evidence from his counselor, and his favorable character evidence falls far short of mitigating the adverse evidence under the AC guideline.

Drug Involvement (DI)

¶ 24. *The Concern*. "Use of an illegal drug or misuse of a prescription drug can raise questions about an individual's reliability and trustworthiness, both because it may

impair judgment and because it raises questions about a person's ability or willingness to comply with laws, rules or regulations."

DI DC ¶ 25.a. (*any drug abuse*) and DI DC ¶ 24.c. (*illegal drug possession, including cultivation, processing, manufacture, purchase, sale, or distribution; or possession of drug paraphernalia*) apply to the circumstances of this case. Applicant used marijuana periodically until 1999, and sporadically after that. Most of his use of marijuana, mushrooms, and cocaine ended by 2005. The only drug he Used in 2008 were the mushrooms on a one-time basis. I am convinced that most of Applicant's drug use terminated by 2005 because he realized the drug use was causing psychological problems. In addition, the medical records and interviews in GE 4 and 5 fortify my belief that alcohol was Applicant's drug of choice. Employing DI MC ¶ 26.b (*a demonstrated intent not to abuse any drugs in the future, such as:* (1) *disassociation from drug-using associates and contacts,* (2) changing or avoiding the environment where drugs are used, (3) *an appropriate period of abstinence*, *and a signed statement of intent with automatic revocation of clearance for any violation*), I find in Applicant's favor under the DI guideline.

Whole Person Concept (WPC)

The adjudicative process is an examination of a sufficient period of a person's life, and a careful consideration of nine variables that comprise whole person model:

> (1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation was voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation and recurrence. ¶ 2, p.18 of the Directive.

I have considered the disqualifying and mitigating factors in light of all the facts and circumstances surrounding this case. I have carefully considered Applicant's good job evaluations, the favorable statements from his coworkers/family, the favorable certificates of appreciation/accomplishments, and his disagreements with the conclusion of the government psychologist. However, the character evidence and his statements do not mitigate his psychological condition and his alcohol dependence. What is missing here is a long-term track record of counseling and therapy regarding Applicant's psychological condition and alcohol consumption, coupled with a favorable prognosis. I find Applicant's drug involvement no longer a security concern.

Formal Findings

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1 (Emotional, mental, personality conditions, Guideline I): AGAINST APPLICANT

Subparagraph 1.a.	Against Applicant
Subparagraph 1.b.	Against Applicant
Subparagraph 1.c.	AgainstApplicant
Subparagraph 1.d.	Against Applicant
Subparagraph 1.e.	Against Applicant
Subparagraph 1.f.	Against Applicant

Paragraph 2 (alcohol involvement, Guideline G):AGAINST APPLICANT

Subparagraph 2.a.	Against Applicant
Subparagraph 2.b.	Against Applicant
Subparagraph 2.c.	Against Applicant
Subparagraph 2.d.	Against Applicant
Subparagraph 2.e.	Against Applicant

Paragraph 3 (Drug involvement, Guideline H): FOR APPLICANT

Subparagraph 3.a.	For Applicant
Subparagraph 3.b.	For Applicant
Subparagraph 3.c.	For Applicant
Subparagraph 3.d.	For Applicant
Subparagraph 3.e.	For Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, it is not clearly consistent with national interest to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is denied.

Paul J. Mason
Administrative Judge