

DATE: December 4, 2002

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In Re:

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SSN: -----

Applicant for Security Clearance

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ISCR Case No. 02-09283

**DECISION OF ADMINISTRATIVE JUDGE**

**ELIZABETH M. MATCHINSKI**

**APPEARANCES**

**FOR GOVERNMENT**

Kathryn D. MacKinnon, Esq., Department Counsel

**FOR APPLICANT**

*Pro Se*

**SYNOPSIS**

Applicant is an admitted alcoholic with a history of several inpatient detoxification treatments and failed rehabilitation efforts. After completing in February 2000 a six-month residential treatment program at a sober house run by Alcoholics Anonymous (AA), Applicant consumed alcohol on two separate occasions in March 2000. With the aid of an additional ninety days at the sober house and ongoing active involvement in AA, Applicant has been abstinent since March 21, 2000. His regular attendance at AA and contact with his AA sponsors serve as a deterrent to relapse. A January 2001 solicitation for prostitution offense, unrelated to alcohol, has not been repeated. Clearance is granted.

**STATEMENT OF THE CASE**

The Defense Office of Hearings and Appeals (DOHA), pursuant to Executive Order 10865 (as amended by Executive Orders 10909, 11328 and 12829) and Department of Defense Directive 5220.6 (Directive), dated January 2, 1992 (as amended by Change 4), issued a Statement of Reasons (SOR), dated May 17, 2002, to the Applicant which detailed reasons why DOHA could not make the preliminary affirmative finding under the Directive that it is clearly consistent with the national interest to grant or continue a security clearance for the Applicant. DOHA recommended referral to an Administrative Judge to conduct proceedings and determine whether clearance should be granted, continued, denied or revoked. The SOR was based on excessive alcohol consumption (guideline G) due to a history of abusive drinking with failed alcohol rehabilitation efforts, and on criminal conduct (guideline J) and sexual behavior (guideline D) due to his conviction of a January 2001 solicitation of prostitution.

On June 8, 2002, Applicant responded to the allegations set forth in the SOR and requested a hearing before a DOHA Administrative Judge. The case was assigned to me on August 14, 2002, and pursuant to formal notice dated August 23, 2002, the hearing was scheduled for September 11, 2002. At the hearing held as scheduled, the Government's case consisted of seven documentary exhibits, and the testimony of the Applicant called as an adverse witness. Applicant testified on his behalf and submitted seven exhibits. A transcript of the hearing was received by this office on September 23, 2002.

At the request of the Department Counsel, and with no objection by the Applicant, the record was held open until October 5, 2002, to permit the Government to contact Applicant's sponsors in Alcoholics Anonymous (AA) and Applicant's supervisors. On October 4, 2002, the Government submitted documentation of post hearing witness contacts, which were favorable to Applicant. Applicant having filed no objection, the document was marked and entered as Government exhibit 8.

## FINDINGS OF FACT

After a thorough review of the evidence, and on due consideration of the same, I render the following findings of fact:

Applicant is a 59-year-old machinist who has worked as an installation technician for a defense contractor since early September 2001. He seeks a secret security clearance for his duties.

Applicant began drinking alcohol at age sixteen. A social drinker before and after his marriage in 1964, Applicant started weekend binge drinking in the 1970s. In March 1974, he was arrested for drunk driving. During the 1980s, his consumption of alcohol escalated to where he was drinking a minimum of a pint of vodka or whiskey per day by 1989. On the weekends, he drank a dozen or more drinks of hard liquor.

Drinking almost daily to intoxication, Applicant tried to stop drinking without success in the early 1990s. Experiencing alcohol-induced short-term memory loss and physical shakes, Applicant realized he needed professional help for his alcohol problem, so in September 1996, he entered a local alcohol rehabilitation program at a local treatment facility (rehabilitation facility X). Following a week of detoxification treatment, Applicant completed a twenty-eight-day inpatient program, which included mandatory AA meetings. Applicant became acquainted through these AA meetings with Mr. A, the person who would become his long term sponsor.

Abstinent from alcohol for about six months, Applicant was informed in about March 1997 after stomach surgery that he did not have cirrhosis of the liver. Applicant viewed this favorable diagnosis as a license to drink and he stopped going to AA meetings, or calling Mr. A (his AA sponsor). By September 1998, Applicant was drinking a quart of vodka daily. At the urging of Mr. A, Applicant returned to rehabilitation facility X for detoxification. During a seven-day inpatient stay for detoxification, Applicant was educated as to the dynamics of addiction and its progressive nature, and the medical consequences of drinking. Having made some progress in developing choices to prevent a relapse, Applicant was discharged directly into a program (alcohol program Y) recommended by his sponsor.

Escorted by his sponsor, Applicant was admitted into alcohol program Y in mid-September 1998, where he was diagnosed as suffering from alcoholism/chemical dependency. Required to maintain abstinence, to attend all activities and chapel daily, Applicant was considered to be compliant and cooperative with the program. On September 30, 1998, he was discharged with aftercare plans of at least seven AA meetings weekly. Applicant derived little benefit from the spiritually-based program at the facility, and he resumed drinking within hours of his release, relapsing into his old pattern of two pints of vodka per day.

Applicant reported for work in mid-January 1999 in a state of acute intoxication. He was terminated from his employment in quality assurance, which he had held for nine years. One week later, Applicant sought detoxification at the emergency room of a local hospital, where he was transferred to a medical center's addiction medicine unit (hospital Z). For three days, Applicant was treated with Ativan and vitamins for acute alcohol withdrawal. Although motivated to recover from his alcohol dependence, Applicant declined a formal rehabilitation program, and he was discharged from the hospital after only three days, to continue with AA. Applicant did not attend AA regularly, and although he managed to remain sober for about two weeks, he relapsed into daily abusive drinking by February 1999.

With the assistance of his AA sponsor, Applicant was readmitted to the addictions medicine unit of hospital Z on February 16, 1999. Treated for acute alcohol withdrawal, Applicant was seen in consultation by a staff psychiatrist, who placed him on Zoloft and Trazodone medications for anxiety. At discharge three days later, Applicant was diagnosed as suffering from, in part, chronic alcoholism and alcoholic hepatitis. Applicant completed an intensive ten-day intensive outpatient program as recommended following his discharge. Applicant's counselor at hospital Z and his AA sponsor advocated on his behalf, and in late arch 1999 Applicant was reinstated to his job in quality assurance with his former

employer.

After a month's sobriety, Applicant began to look for excuses to drink. He relapsed into his previous pattern of a pint of hard liquor daily, with severe interpersonal and financial consequences. He had to sell his home, his spouse left him in July 1999, and he stopped taking his Zoloft and Trazodone medications because of his drinking. His personal physician placed him on Librium in an effort to detoxify him at home without success. In early August 1999, Applicant was admitted for the third time to hospital Z's addiction medicine unit where he was placed on the usual protocol for alcohol withdrawal syndrome, including Clonidine and Ativan. While Applicant was in the hospital, he was terminated from his job due to his continuing problems with alcohol. Diagnosed as suffering from alcohol dependence, continuous use, and chronic hepatitis, Applicant was discharged on August 7, 1999, to home with individual counseling through an evening program. For about three weeks in August 1999, Applicant participated in outpatient counseling with a counselor at hospital Z. He continued to consume alcohol at about a pint of vodka per day despite attending counseling three times per week.

After drinking a quart of vodka to intoxication on August 29, 1999, Applicant was readmitted into hospital Z that same afternoon, seeking long-term treatment for alcohol dependence. Reporting a history of seizures and alcohol-induced blackouts, Applicant underwent detoxification until September 1, 1999, when he was discharged to a sober house for long-term residential treatment. Trazodone and Zoloft were prescribed for generalized anxiety.

Desperate and "detoxed out," Applicant checked into a six-month residential program at a sober house run by AA located in a distant state. Forced to secure employment, to do chores at the house, and to attend daily AA meetings, Applicant remained in the program, which was at his expense, for the six months. He was an enthusiastic and consistent participant in the sober house's residential program. On February 20, 2000, Applicant completed the residential requirement, and he was given an excellent prognosis for recovery provided he continues his rehabilitation through AA. Against staff recommendation, Applicant did not pursue aftercare through the sober house's three month outpatient program, electing instead to return to his home state, as he had opened a line of communication with his spouse.

After about a week at home, Applicant discovered his spouse's expectations did not meet his, and he could not be able to resume their relationship as if nothing had happened. Angry at his spouse, Applicant drank a pint of vodka in her presence on one occasion in mid-March 2000 "to get back at her." He then drank at the neighborhood bar where he had consumed alcohol in the past. Applicant's AA sponsor happened to spot Applicant's vehicle at the bar, and he urged Applicant back into treatment. On March 21, 2000, Applicant was readmitted to the residential program at the sober house, where he stayed for ninety days.

With a renewed commitment to his recovery, Applicant elected to remain in the area thereafter. He secured a job running a shudder plant while attending AA meetings on a nightly basis. More active in AA than previously, he ran AA meetings at the sober house as well as a beginner meeting. On the recommendation of his AA sponsor in his home state, Applicant obtained a local AA sponsor (Mr. B), with whom he began working the AA steps right away.

On an occasion in January 2001, Applicant offered a policewoman working undercover \$20.00 for oral sex. He was arrested for solicitation of prostitution, to which he subsequently pleaded guilty and was sentenced to sixty days in jail, suspended, to community service, to complete a prostitution impact prevention education course and to pay \$136.00 in court costs. Applicant has not informed his spouse about the incident on the advice of Mr. B, who stressed he should not make amends if doing so will cause hurt to someone else.

In mid-June 2001, Applicant returned to his home state, having maintained abstinence since March 21, 2000. He has since attended three AA meetings per week religiously, and on occasion has spoken at institutions about his recovery. To August 2002, Applicant contacted his AA sponsor Mr. A for the most part daily. With Mr. A out of state until October 1, 2002, Applicant remained in contact with his sponsor through his sponsor's spouse. On Mr. A's return to the local area, Applicant resumed his regular contact. In the opinion of Mr. A, Applicant is extremely serious about his sobriety and is dedicated to attending AA on a regular basis. Applicant occasionally contacts his other sponsor, Mr. B, who has seen Applicant make tremendous strides in rebuilding his life through active participation in the twelve steps of AA. Mr. B holds a very positive view of Applicant's continued sobriety, as Applicant has developed better coping skills and a more realistic attitude toward his alcohol problem than he had in the years when he tried and failed at sobriety.

Applicant intends to continue his affiliation with AA. Aware that he cannot safely drink alcohol, Applicant does not frequent establishments where alcohol is served, although he has been in the presence of others imbibing alcohol on three occasions since June 2001. He did not consume alcohol on any of those occasions. Friends and relations know he cannot drink and do not pressure him to do so.

In early September 2001, Applicant commenced employment with his present employer, a defense contractor. Applicant has proven to be a productive worker, with his attendance within company guidelines. In late September 2001, he took some personal time to attend the sober house's graduation ceremony. His performance has been rated as fully satisfactory.

Candid with his employer and the Department of Defense about his alcohol problem, Applicant disclosed on his June 29, 2001, security clearance application his rehabilitation treatment at facility X in 1996, his brief stay there in 1998, treatment at the sober house from September 1999 to June 2000, and his counseling at hospital Z in 1999. He also listed his arrest for solicitation in 2001 in response to any offenses committed within the past seven years. In answer to whether he had been fired from a job under adverse circumstances in the last seven years, Applicant indicated he had left a job in August 1999 following allegations of unsatisfactory performance related to alcohol abuse. During a September 14, 2001, interview by a Defense Security Service special agent, Applicant was frank about his history of abusive drinking. Citing his current attendance at AA with two sponsors, Applicant maintained he was doing everything suggested to him to continue the abstinence enjoyed since March 21, 2000.

### **POLICIES**

The adjudication process is based on the whole person concept. All available, reliable information about the person, past and present, favorable and unfavorable, is to be taken into account in reaching a decision as to whether a person is an acceptable security risk. Enclosure 2 to the Directive sets forth adjudicative guidelines which must be carefully considered according to the pertinent criterion in making the overall common sense determination required. Each adjudicative decision must also include an assessment of the nature, extent, and seriousness of the conduct and surrounding circumstances; the frequency and recency of the conduct; the individual's age and maturity at the time of the conduct; the motivation of the individual applicant and extent to which the conduct was negligent, willful, voluntary or undertaken with knowledge of the consequences involved; the absence or presence of rehabilitation and other pertinent behavioral changes; the potential for coercion, exploitation and duress; and the probability that the circumstances or conduct will continue or recur in the future. *See* Directive 5220.6, Section 6.3 and Enclosure 2, Section E2.2. Because each security case presents its own unique facts and circumstances, it should not be assumed that the factors exhaust the realm of human experience or that the factors apply equally in every case. Moreover, although adverse information concerning a single criterion may not be sufficient for an unfavorable determination, the individual may be disqualified if available information reflects a recent or recurring pattern of questionable judgment, irresponsibility or emotionally unstable behavior. *See* Directive 5220.6, Enclosure 2, Section E2.2.4.

Considering the evidence as a whole, this Administrative Judge finds the following adjudicative guidelines to be most pertinent to this case:

### **Alcohol Consumption**

E2.A7.1.1. The Concern: Excessive alcohol consumption often leads to the exercise of questionable judgment, unreliability, failure to control impulses, and increases the risk of unauthorized disclosure of classified information due to carelessness.

E2.A7.1.2. Conditions that could raise a security concern and may be disqualifying include:

E2.A7.1.2.1. Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, or other criminal incidents related to alcohol use

E2.A7.1.2.2. Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job

E2.A7.1.2.3. Diagnosis by a credentialed medical professional (e.g. physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence

E2.A7.1.2.5. Habitual or binge consumption to the point of impaired judgment

E2.A7.1.2.6. Consumption of alcohol, subsequent to a diagnosis of alcoholism by a credentialed medical professional and following completion of an alcohol rehabilitation program

E2.A7.1.3. Conditions that could mitigate security concerns include:

E2.A7.1.3.3. Positive changes in behavior supportive of sobriety

### **Criminal Conduct**

E2.A10.1.1. The Concern: A history or pattern of criminal activity creates doubt about a person's judgment, reliability and trustworthiness.

E2.A10.1.2. Conditions that could raise a security concern and may be disqualifying include:

E2.A10.1.2.1. Allegations or admission of criminal conduct, regardless of whether the person was formally charged

E2.A10.1.3. Conditions that could mitigate security concerns include:

E2.A10.1.3.1. The criminal behavior was not recent

E2.A10.1.3.2. The crime was an isolated incident

E2.A10.1.3.6. There is clear evidence of successful rehabilitation

### **Sexual Behavior**

E2.A4.1.1. The Concern: Sexual behavior is a security concern if it involves a criminal offense, indicates a personality or emotional disorder, may subject the individual to coercion, exploitation, or duress or reflects lack of judgment or discretion. Sexual orientation or preference may not be used as a basis for or a disqualifying factor in determining a person's eligibility for a security clearance.

E2.A4.1.2. Conditions that could raise a security concern and may be disqualifying include:

E2.A4.1.2.1. Sexual behavior of a criminal nature, whether or not the individual has been prosecuted

E2.A4.1.3. Conditions that could mitigate security concerns include:

E2.A4.1.3.2. The behavior was not recent and there is no evidence of subsequent conduct of a similar nature

Under the provisions of Executive Order 10865 as amended and the Directive, a decision to grant or continue an applicant's clearance may be made only upon an affirmative finding that to do so is clearly consistent with the national interest. In reaching the fair and impartial overall common sense determination required, the Administrative Judge can only draw those inferences and conclusions which have a reasonable and logical basis in the evidence of record. In addition, as the trier of fact, the Administrative Judge must make critical judgments as to the credibility of witnesses. Decisions under the Directive include consideration of the potential as well as the actual risk that an applicant may deliberately or inadvertently fail to properly safeguard classified information.

### **Burden of Proof**

Initially, the Government has the burden of proving any controverted fact(s) alleged in the Statement of Reasons. If the Government meets its burden and establishes conduct cognizable as a security concern under the Directive, the burden

of persuasion then shifts to the applicant to present evidence in refutation, extenuation or mitigation sufficient to demonstrate that, despite the existence of criterion conduct, it is clearly consistent with the national interest to grant or continue his security clearance.

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. Where the facts proven by the Government raise doubts about an applicant's judgment, reliability or trustworthiness, the applicant has a heavy burden of persuasion to demonstrate that he is nonetheless security worthy. As noted by the United States Supreme Court in *Department of Navy v. Egan*, 484 U.S. 518, 531 (1988), "the clearly consistent standard indicates that security clearance determinations should err, if they must, on the side of denials." Any doubt as to whether access to classified information is clearly consistent with national security will be resolved in favor of the national security. See Enclosure 2 to the Directive, Section E2.2.2.

### CONCLUSIONS

Having considered the evidence of record in light of the appropriate legal precepts and factors, and having assessed the credibility of the Applicant, I conclude the following with respect to guidelines G, J and D:

The Directive does not prohibit drinking per se. Rather, it is the excessive consumption of alcohol which raises security concerns, as abusive drinking often leads to the exercise of questionable judgment, unreliability, failure to control impulses, and increases the risk of unauthorized disclosure due to carelessness. Although Applicant was arrested for drunk driving in 1974, he managed to control his consumption until the late 1980s, when he began to consume a pint of hard liquor on a daily basis. By 1996, he realized he needed help for a serious drinking problem, and had himself admitted to a twenty-eight day alcohol rehabilitation program. Although he successfully completed the program and began his long association with the individual who would become his AA sponsor, Applicant managed to remain abstinent for only six months. He ceased his affiliation with AA-stopped attending meetings and calling his sponsor-and when he learned he did not have cirrhosis of the liver, he resumed drinking to excess. With the aid of his sponsor, Applicant readmitted himself to alcohol rehabilitation facility X in September 1998, but stayed only one week, as his sponsor recommended he pursue his rehabilitation through alcohol program Y. The two weeks there made little impact on Applicant and within hours of his discharge, he resumed drinking.

By 1999, Applicant had allowed alcohol to impact his job, as evidenced by him reporting to work under the influence in January 1999. Applicant continued to drink hard liquor to intoxication on a daily basis in 1999, with severe financial and marital consequences, notwithstanding three separate detoxification treatments at hospital Z for medically diagnosed alcohol dependence, a ten-day outpatient program in March 1999, and individual counseling in August 1999. After his fourth detoxification, Applicant entered a six-month residential program in a distant state. Required to conform to an alcohol-free lifestyle and to commit to AA, Applicant managed to remain abstinent for six months, only to relapse into drinking within a month of his return home. Unable to cope with his spouse's expectations of what their relationship should be, Applicant drank a pint of liquor in her presence in March 2000. He also consumed a couple of drinks at a neighborhood bar, where his presence was noted by his longtime AA sponsor. Under the adjudicative guideline pertinent to alcohol consumption, disqualifying conditions E2.A7.1.2.2. (reporting to work or duty in an intoxicated or impaired condition), E2.A7.1.2.3. (diagnosis by a credentialed medical professional of alcohol dependence), E2.A7.1.2.5. (habitual consumption of alcohol to the point of impaired judgment), and E2.A7.1.2.6. (consumption of alcohol, subsequent to a diagnosis of alcoholism and following completion of an alcohol rehabilitation program) are most pertinent in evaluating Applicant's current security suitability.

In mitigation, Applicant has made positive changes in behavior supportive of sobriety since March 21, 2000 (*see* E2.A7.1.3.3.). To Applicant's credit, he reenrolled in the sober house program for an additional ninety days after his March 2000 relapse. As confirmed by Applicant's two sponsors in AA, Applicant has demonstrated a greater commitment to his recovery through AA than he had in the past. He attends the same three meetings each week, and additional meetings where his schedule permits. Through the fellowship of AA, he has managed to remain alcohol-free for some two and a half years. Applicant's previous periods of sobriety were significantly shorter in comparison. However, given Applicant has been diagnosed as suffering from alcohol dependence, his burden of demonstrating successful rehabilitation is especially stringent.

Under E2.A7.1.3.4., following a diagnosis of alcohol abuse or alcohol dependence, the applicant must successfully complete inpatient or outpatient rehabilitation along with aftercare requirements, participate frequently in meetings of AA or a similar organization, abstain from alcohol for a period of at least twelve months, and receive a favorable prognosis by a credentialed medical professional or licensed clinical social worker who is a staff member of a recognized alcohol treatment program. Clearly, Applicant satisfies the AA and abstinence requirements. Of the varied alcohol rehabilitation efforts attempted by Applicant (28-day inpatient, spiritual-based inpatient, individual counseling, inpatient detoxifications, residential house, at-home detoxification with Librium), the only program to bring about a marked change in Applicant's attitude and behavior was the sober house. Applicant testified the program focuses on AA, and its letterhead identifies it as a residential rehabilitation facility. Yet, it is not a licensed facility, and it is not clear whether there is any oversight or involvement in the program by a credentialed medical professional. While the executive director of the program gave Applicant an excellent prognosis for recovery if he continues in AA, the qualifications of the sober house's executive director are not of record. There is insufficient evidence to conclude that the program qualifies as an inpatient or outpatient treatment program of the type contemplated in E2.A7.1.3.4.

Applicant's failure to satisfy all the requirements of E2.A7.1.3.4. does not necessarily mandate an adverse outcome, although the evidence of reform must be compelling to deviate from the Directive's adjudicative guidelines. In requiring frequent participation in AA, the Government recognizes the valuable support AA can provide to an alcoholic in his or her ongoing recovery from addiction. Applicant has been involved with AA off and on since 1996. The quality of Applicant's participation in AA since 2000 leads me to conclude there is little risk, if any, of a future relapse. Applicant's sponsors in AA indicate he has developed the coping skills needed to remain sober. In testifying to the effect that he owes his life to Mr. A, his local AA sponsor, Applicant exhibited an understanding of the seriousness of his alcohol problem. In relating his intent to attend AA until "three days after [he dies]" (Tr. p. 89), Applicant displayed his awareness of what is necessary to remain on track with his recovery. Applicant's work performance for the defense contractor provides additional confirmation of his sobriety. <sup>(1)</sup> Favorable findings are warranted as to subparagraphs 1.a., 1.b., 1.c., 1.d., 1.e., 1.f., 1.g., 1.h., 1.i., 1.j., 1.k., 1.l., 1.m., 1.n., and 1.o. of the SOR, as the excessive alcohol consumption concerns have been mitigated.

Applicant's solicitation of prostitution offense in January 2001, not attributable to alcohol, raises criminal conduct (guideline J) and sexual behavior (guideline D) concerns. <sup>(2)</sup> This criminal conduct, isolated in nature, was committed when Applicant was living in a distant state and estranged from his spouse. In June 2001, Applicant moved back to his home state, where he enjoys a good relationship with his daughter and spouse, is gainfully employed, and socializes with others in the AA program. Given the change in his personal circumstances, recurrence of similar behavior is considered unlikely.

Sexual behavior may raise security concerns, whether or not it is criminal in nature, if it causes an applicant to be vulnerable to coercion, exploitation or duress. (See E2.A4.1.2.3.). Applicant has not told his spouse of his arrest and conviction of solicitation of prostitution, based on the advice of his AA sponsor Mr. B. Applicant having already caused his spouse financial and emotional harm because of his alcohol abuse, it is understandable he does not want to jeopardize their relationship further. Concerns about potential vulnerability to coercion or blackmail are alleviated by Applicant's candid testimony that if pressured, he would just have to admit to his wife that in a moment of weakness he approached a woman for sex. Although his solicitation of prostitution is not condoned, eighteen months have passed with no inappropriate sexual behavior on his part. Favorable findings are returned as to subparagraphs 2.a., 3.a. and 3.b. of the SOR for the reasons stated.

### **FORMAL FINDINGS**

Formal Findings as required by Section 3. Paragraph 7 of Enclosure 1 to the Directive are hereby rendered as follows:

Paragraph 1. Guideline G: FOR THE APPLICANT

Subparagraph 1.a.: For the Applicant

Subparagraph 1.b.: For the Applicant

Subparagraph 1.c.: For the Applicant

Subparagraph 1.d.: For the Applicant

Subparagraph 1.e.: For the Applicant

Subparagraph 1.f.: For the Applicant

Subparagraph 1.g.: For the Applicant

Subparagraph 1.h.: For the Applicant

Subparagraph 1.i.: For the Applicant

Subparagraph 1.j.: For the Applicant

Subparagraph 1.k.: For the Applicant

Subparagraph 1.l.: For the Applicant

Subparagraph 1.m.: For the Applicant

Subparagraph 1.n.: For the Applicant

Subparagraph 1.o.: For the Applicant

Paragraph 2. Guideline J: FOR THE APPLICANT

Subparagraph 2.a.: For the Applicant

Paragraph 3. Guideline D: FOR THE APPLICANT

Subparagraph 3.a.: For the Applicant

Subparagraph 3.b.: For the Applicant

### **DECISION**

In light of all the circumstances presented by the record in this case, it is clearly consistent with the national interest to grant or continue a security clearance for Applicant.

Elizabeth M. Matchinski

Administrative Judge

1. Had Applicant taken that first drink, it is likely he would not have been able to stop with eventual negative impact on his work performance and/or attendance. Applicant testified to knowing he cannot take that first drink:

If I have the first drink there's no telling when I'm going to stop or if I can stop. I think I've proven over my track record that I can't stop. It's progressive and if I haven't had a drink in two and a half years almost, if I had a drink right now, I'd pick up right where I left off. There's no grace period, you don't have a grace period. I'd get just as drunk afternoon in an hour as I would have in 1999 when I got sober. It doesn't give you any reprieve. (Tr. p. 113).

2. See E.2.A4.1.2.1. under guideline D and E.2.A10.1.2.1. under guideline J.