

2008, to consider whether it is clearly consistent with the national interest to grant or continue a security clearance for him. On November 21, 2008, I scheduled a hearing for December 18, 2008.

The hearing was held as scheduled. Eleven government exhibits (Ex. 1-11) and two Applicant exhibits (Ex. A-B) were admitted. Applicant objected to consideration of information in medical records (Exs. 5, 7) concerning past illicit substance abuse by him. His objection was overruled in part. His past illicit substance involvement would be considered to the extent it affected his alcohol abuse and in assessing overall his substance abuse problem but not as an independent basis to deny or revoke his clearance. Applicant and four witnesses testified, as reflected in a transcript (Tr.) received on December 31, 2008. Based on review of the pleadings, exhibits, and testimony, eligibility for access to classified information is granted.

Findings of Fact

DOHA alleged under Guideline G, alcohol consumption, that Applicant consumed alcohol, at times to excess and to intoxication, from at least 1984 to at least May 2006 (SOR ¶ 1.j); that he was treated on eight separate occasions for alcohol dependence between 1988/89 and July 2006 (SOR ¶¶ 1.a-1.1.h); and that he relapsed at least once since July 2006 despite participation in Alcoholics Anonymous (AA) (SOR ¶ 1.k). Applicant admitted the allegations, but added that he has completely abstained from alcohol consumption since December 31, 2006. His admissions are incorporated as factual findings. After considering the pleadings and record evidence, I make the following additional findings.

Applicant is a 49-year-old contract change specialist, who has been employed by a defense contractor since November 1988. He seeks to retain the secret-level security clearance that was granted to him in November 2002 (Ex. 1, Tr. 96).

Applicant experimented with marijuana, and began to drink alcohol in high school, about a six-pack of beer one weekend per month (Ex. 8). While in college from September 1977 to May 1981 (Ex. 1), he used a half-ounce of marijuana per week on average and drank alcohol with increasing frequency. By the end of his first year, he was drinking alcohol every weekend. Within a year, he was drinking two or three nights per week in addition to the weekends. By the time he graduated in May 1981, he was drinking on a daily basis, about a case of beer over the course of a week (Exs. 8, 10).

His drinking decreased in frequency and amount after college, although he began consuming mixed drinks at business luncheons. After he married in September 1984 (Ex. 1), he began to drink more frequently with his spouse for whom a daily drink was the norm (Ex. 8). In October 1984, he was arrested for driving under the influence, failure to obey a stop sign, and for driving without a license (SOR ¶ 1.i). The drunk

driving charge was reduced to driving while impaired, and he paid a \$270 fine (Exs. 3, 7, 8).

In early 1985, Applicant's spouse (now ex-wife) discovered she was pregnant with their first child, a daughter. She abstained from alcohol during her pregnancy, but Applicant continued to drink. While his spouse was expecting their second child, a son born in January 1987, Applicant began drinking in bars instead of at home. An experimental abuser of cocaine in college, he used cocaine with increasing frequency starting in about 1986. By 1988, he was snorting the drug on a daily basis (Ex. 10). In March 1988, he was advised by his employer at the time to obtain professional help after he reported for work intoxicated. Applicant attended once weekly outpatient counseling sessions at a treatment center from about March 1988 to June 1988 (SOR ¶ 1.h). He managed to remain abstinent for only two weeks (Ex. 10). In April 1988, he was unable to account for his employer's nightly deposits that he had in his custody when he stopped off to drink at a bar. After it happened again in September 1988, Applicant was terminated from the job that he had held for more than four years. (Ex. 7, 10).

In November 1988, Applicant began working for his present employer as a sheet metal worker. It was customary among some hourly workers to drink at lunch, and Applicant consumed alcohol at lunch when he first started with the company (Tr. 112). He stopped using cocaine at the end of December 1988, but his drinking increased. He began taking cash advances from his credit cards to purchase alcohol and to pay bills, and this led to financial problems (Exs. 7, 10). In November 1989, he was issued a company-granted confidential clearance for his duties with the defense contractor (Exs. 7, 9).

In late October 1990, Applicant and his spouse separated after a couple of years of aggressive behavior toward her (pushing and pulling) when he was intoxicated. Facing divorce and financial difficulties due to his drinking, Applicant voluntarily admitted himself to a 28-day alcohol rehabilitation program at a nearby substance abuse treatment facility (facility A) on November 3, 1990 (SOR ¶ 1.g). He had consumed 12 cans of beer and one-and-a-half pints of brandy on the day of his admission, and was diagnosed with alcohol dependence. Applicant participated in individual and group counseling, integrating well into his group, and all educational components of his treatment. At discharge on December 3, 1990, Applicant minimized the problems in his marriage by expressing a plan to return home even while his spouse refused to participate in his treatment. Aftercare plans included 90 AA meetings in 90 days, and 12 weeks of aftercare at facility A. His prognosis for recovery from his alcohol dependence, then in remission, was assessed as average. Applicant did not follow through with a referral for outpatient counseling to deal with symptoms of depression (Ex. 10).

Thirty days after his discharge, Applicant relapsed into drinking. By mid-January 1991, he was consuming alcohol at previous levels (Ex. 8). Realizing that he had lost

control over his drinking and under the strains of a pending bankruptcy and conflict with his spouse, Applicant readmitted himself to facility A on February 15, 1991, for another 28-day stay (SOR ¶ 1.f). By his discharge on March 17, 1991, Applicant had stabilized in sobriety, displayed insight into relapse triggers, and verbalized a strong commitment to abstinence with outpatient counseling and daily AA attendance. He decided to separate from his spouse and aftercare plans included maintaining physical separation with couple's counseling after 90 days. His prognosis at discharge was assessed as good (Ex. 10).

Following his discharge from the inpatient program, Applicant resided with his sister for six weeks. After about 30 days of sobriety, he had a one day relapse but resumed daily AA attendance with a new sponsor. On April 3, 1991, Applicant's employer submitted an adverse information report to the Defense Industrial Security Clearance Office (DISCO) informing of Applicant's voluntary inpatient alcohol rehabilitation treatments at facility A (Ex. 9).

On August 14, 1991, Applicant was interviewed by a government investigator, in part about his alcohol consumption. Applicant indicated that he had moved back into his home in about April 1991, and since then consumed one beer on five occasions, most recently three weeks ago. Applicant did not deny that alcohol had caused many serious problems (marital, financial, job loss) in his life, and that he would always be an alcoholic. In the event of a relapse, Applicant indicated he could rely on the AA program and friends "to bring [him] back around." He added that his marriage was stronger than ever and his future was bright (Ex. 8).

On January 9, 1992, Applicant submitted a National Agency Questionnaire (NAQ). Applicant disclosed his 1984 fine for impaired driving, an October 1991 bankruptcy, his use of illegal drugs between 1977 and late December 1988, the loss of his job at the car wash due to his alcohol/drug problems, and his treatment programs at facility A in 1990 and 1991 (Ex. 7).

By January 1999, Applicant was working on third shift for the defense contractor, as an overall supervisor with responsibility for several trades. With the recommendation of company management, he was hired to be an estimator in the change control department. His main duties were to estimate the costs of building and repair work using confidential proprietary information about labor rates (Tr. 25-26).

From about 1999 to 2004, Applicant consumed beer while watching football games in quantities of up to six beers per occasion (Ex. 3). In 2002, he suffered a seizure while attempting to withdraw from alcohol (Ex. 11). Sometime before September 2004, he began stopping off at a bar after work about twice a month and drinking a couple of beers before heading home. Concerned about the decisions he made when he drank, and with his spouse upset over this drinking, Applicant readmitted himself for

inpatient treatment to facility A in September 2004 (SOR ¶ 1.e). Applicant was treated on a detoxification unit for ten days (Exs. 3, 6). Clinicians advised him to stay at a halfway house after discharge but he elected to return to home and work (Exs. 3, 6).

Applicant attended AA meetings about daily for about six months but slowly drifted away from the program thereafter. He consumed wine with dinner or beer at sporting events, with some escalation of his drinking after his father died in July 2005. He did not drink at bars after work (Exs. 3, 4).

On November 30, 2005, Applicant reviewed the SF 86 he had completed in 2002 for renewal of his secret clearance. He noted a change of position to contract change specialist with the defense contractor, the death of his father and his participation in three counseling sessions to deal with it,¹ and his treatment at facility A in September 2004 (Ex. 1).

On January 27, 2006, Applicant was interviewed by a government investigator. Applicant was unable to provide specifics about his alcohol consumption in the preceding ten years, other than to indicate that he drank no more than six beers on any single occasion in the past five years and that he consumed alcohol on about six occasions, not to intoxication, from his last treatment until December 2005. He told the investigator that he believed he might be “subconsciously dependent” on alcohol, and his future goal was to stop drinking completely (Ex. 3).

Shortly after his interview, Applicant began drinking again. On May 19, 2006, Applicant checked himself into facility A for detoxification treatment (SOR ¶ 1.d). His blood alcohol level was .33%, and he was again diagnosed with alcohol dependence. He reported drinking a pint of alcohol about daily over the past 30 days, despite attending AA meetings and having an AA sponsor. The following day, he discharged himself against clinical advice (Ex. 2), as he thought he could undergo detoxification safely at home under the care of his personal physician (Ex. 3).

Applicant returned home only to drink a half to a whole pint of tequila daily (Ex. 5) despite attending AA on 10 of the past 30 days and medication for depression and anxiety. In late May 2006, he underwent detoxification at a hospital (facility B) for five days (not alleged) (Exs. 3,11). On June 7, 2006, he admitted himself to a residential substance abuse treatment program (facility C) (SOR ¶ 1.c). He reported that he had been completely abstinent from alcohol for ten years, from 1991 to 2001 following his second discharge from facility A. However, he now believes that he was completely abstinent for only about five years (Tr. 111). Applicant was diagnosed with alcohol dependence and recommended for their inpatient program. Following an uneventful

¹Applicant's father apparently died in July 2005 (Ex. 2).

detoxification, Applicant entered the rehabilitation portion of the treatment on June 9, 2006. He attended groups with minimal participation, and on June 12, 2006, discharged himself against his therapist's advice (Ex. 5), because the program was not what he expected (Ex. 11, Tr. 122-23).

Less than an hour after he discharged himself from the residential treatment program, Applicant relapsed into drinking tequila a half pint or more daily. After Applicant voiced suicidal ideation to his insurer, he was evaluated at a local hospital in late June 2006. He was referred to facility B, where he was diagnosed as alcohol dependent and underwent detoxification treatment from June 27, 2006, to June 30, 2006 (SOR ¶ 1.b). Applicant was motivated to recover but he refused to involve his family in his treatment despite encouragement to do so. At discharge, he planned to continue his treatment in a residential treatment program (facility D) (Ex. 11).

Applicant went directly to the residential treatment program on his discharge from the hospital (SOR ¶ 1.a). His treatment for diagnosed alcohol dependence included regular group meetings, including AA, workshops, and aftercare planning. By his discharge from facility D on July 21, 2006, Applicant exhibited an awareness and acceptance of addiction and a commitment to a self-directed recovery plan. He recognized the severity of his use. Aftercare plans were to attend 90 AA meetings in 90 days, obtain a new sponsor, participate in an intensive outpatient program, and seek a new therapist for grief and trauma work. He was continued on his medications of Cymbalta (first used September 2005), Topamax (first used 2002) and Seroquel (first used May 2006) for anxiety, depression, and insomnia issues (Ex. 4).

By late 2006, Applicant's marriage was over due to the years of stress caused by his abuse of alcohol. They were granted a divorce in January 2007 (Ex. 3). Applicant's mother and siblings are supportive of his sobriety (Tr. 101).

Applicant remained abstinent from alcohol after his discharge from facility D until sometime in the fall of 2006. He began drinking one or two beers and it escalated until December 31, 2006, when he consumed "a lot" of alcohol to intoxication and contemplated suicide (Tr. 92, 124-25). Fearing he would kill himself eventually if he continued to drink alcohol, Applicant prayed for help to get through that one day. He managed to put away the bottle and knife and he renewed his commitment to AA (Tr. 99), going to meetings on a daily basis (sometimes twice daily) and obtaining a sponsor with more than 20 years of AA affiliation. Over the almost two years of their acquaintance, Applicant had in-person contact with this sponsor at least once every two weeks if not weekly and by telephone every other day (Tr. 70). He observed positive changes in Applicant about six months into their relationship. Applicant became more open with him and other AA members, and he became actively involved by bringing others to AA meetings and to rehabilitation. He described Applicant as "a poster child for AA right now." (Tr. 64-74).

In November 2008, Applicant obtained a new AA sponsor because of the lack of face time with his former sponsor due to the latter's family commitments and residency in a different locale (Tr. 66-67). Applicant's current sponsor in AA has been sober since August 1998 (Tr. 77). He observed Applicant's struggles to deal with his alcoholism from AA meetings as far back as before 2001 (Tr. 88). Applicant asked him to be his sponsor because of his close physical proximity, his availability, and their friendship since spring 2007 (Tr. 89). Applicant interacts with his sponsor on a daily basis. They either meet in person or talk earlier in the day and then attend the same AA meeting at night (Tr. 84). In his opinion, Applicant is "working the [AA] program to the best of his ability." He has found Applicant to be sincere and to share "from the heart." (Tr. 85). Applicant has discussed with his current sponsor those triggers that have led him to drink in the past (Tr. 93). As of mid-December 2008, Applicant was not receiving any professional counseling for his alcoholism apart from discussions with his primary physician (Tr. 116). He has not consumed any alcohol since New Year's Eve 2006 (Tr. 121).

The person who sponsors Applicant's current sponsor also testified on Applicant's behalf. He is a recovering alcoholic with almost 18 years of AA attendance and sobriety (Tr. 42, 45-46). He observed Applicant as much more committed to AA in the past 18 months than he had been in the past (Tr. 52-54). He sees Applicant at meetings or has heard from other attendees that Applicant attends AA meetings daily (Tr. 56).

Applicant's primary care physician, who has treated him since November 2003, has discussed Applicant's alcoholism with him during many office visits and is aware of Applicant's struggles with his addiction. In his medical interventions with Applicant since 2007, the physician had discovered no evidence that Applicant is drinking. In late 2008,² he assessed Applicant's prognosis as "outstanding":

He has demonstrated a real and sincere understanding of his alcoholism, has immersed himself in his recovery through sustained participation in AA, has developed what appears to be a very supportive network, and seems genuinely motivated to remain alcohol free (Ex. A).

Applicant intends to continue attending AA meetings once daily during the work week and twice daily on the weekends. His current social circle consists primarily of others in the AA fellowship. When he was first exposed to AA and told he could not drink again, he worried about his future, such as how he was going to accomplish activities without alcohol, and focused on all the problems drinking had caused him. In

²The physician initially rendered this opinion in writing on October 1, 2008, but it was not signed before a notary until December 11, 2008.

the past two years, he has learned to concentrate on the present knowing that he cannot take that first drink. As of mid-December 2008, Applicant was finishing up writing a fearless and moral inventory, the fourth step in the AA step program (Tr. 102-05). He became a sponsor himself for the first time in about August 2007, after confirming with his sponsor that he should "accept the challenge." He sponsors a couple of new AA members and makes himself available for others in AA (Tr. 106, 126-27).

Applicant's work performance for the defense contractor was not negatively affected by his alcohol abuse, except to the extent that he missed work while he was in his various treatment programs. Applicant did not drink before going to work and often stayed extra hours, in part to obtain the money to support his alcoholism (Tr. 100). A supervisor involved in rating Applicant's performance between 1999 and 2008 did not hesitate in assigning Applicant some of the change control department's largest and most complex tasks (Tr. 28-31). Within their larger organization of almost 100 employees, Applicant is one of the six or so with signature authority for the company. He is authorized to commit the company to prepare and submit proposals on behalf of the company to its military customer (Tr. 31).

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 not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge's over-arching adjudicative goal is a fair, impartial and common sense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny 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. AG ¶ 2(b) requires that "[a]ny 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 as to obtaining 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 transcends normal duty hours and endures throughout off-duty hours. 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 that 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.

Section 7 of Executive Order 10865 provides that decisions shall be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

Analysis

Guideline G, Alcohol Consumption

The security concern for alcohol consumption is set out in AG ¶ 21: “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 untrustworthiness.” Applicant’s drunk driving offense from 1984 implicates AG ¶ 22(a), “alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent.” However, the primary security concern in this case is with Applicant’s serious alcohol dependency problem and his struggles to cope with that disease.

Applicant began drinking in high school. Both in quantity and frequency, his drinking increased progressively in college. By his graduation in May 1981, he was consuming alcohol daily, about a case of beer over the course of a week. He began to use cocaine in 1981 as well, and eventually his abuse of alcohol and cocaine led to problems at work and at home. In March 1988, he reported for duty in an intoxicated condition. He followed the advice of his then employer to obtain counseling but he continued to drink. Twice, in April 1988 and September 1988, Applicant was unable to account for his employer’s nightly deposits that he had in his custody when he stopped

off at a local bar to drink, and he lost his job as a result. AG ¶ 20(b), “alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent,” has limited applicability in this case, however. Applicant has not had any alcohol-related problems at work since commencing his employ with the defense contractor in 1989.

By late 1990, Applicant’s abusive relationship with alcohol had caused him serious marital and financial problems. Following his second completion of a 28-day inpatient program for treatment of diagnosed alcohol dependence, Applicant was given a good prognosis for recovery and he managed with the help of AA to remain abstinent for as long as five years. Between September 2004 and June 2006, he admitted himself on six separate occasions³ for detoxification and/or alcohol rehabilitation treatment for medically diagnosed alcohol dependence, with varying degrees of success and completion. He discharged himself twice against therapeutic advice in 2006, including after only one day of detoxification in May 2006. As evidenced by his blood alcohol content of .33% on that admission, he had developed a high tolerance for alcohol. He relapsed again in the fall of 2006, to include to intoxication on December 31, 2006, after completing an uneventful detoxification and three weeks of residential alcohol treatment with an AA focus. AG ¶¶ 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,” 22(d), “diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence),”⁴ and 22(f), “relapse after diagnosis of alcohol abuse or dependence, and completion of an alcohol rehabilitation program,” clearly apply.

Concerning the potential mitigating conditions under AG ¶ 23, his relapse history precludes consideration of AG ¶ 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.” Although Applicant characterized his drinking over the fall of 2006 as a single relapse, he drank on more than one occasion and to intoxication on December 31, 2006.

³See SOR ¶¶ 1.a-1.e plus the five-day detoxification in late May 2007 that was not alleged.

⁴Applicant’s primary care physician (Ex. A), as well as physicians at facility A (Ex. 10) and facility C (Ex. 11) have diagnosed Applicant with alcohol dependence. From a review of the available clinical records of his various treatments, it is unclear whether other staff members who evaluated Applicant are licensed clinical social workers under AG ¶ 22(e).

Applicant has since maintained complete abstinence from alcohol with the help of committed involvement in the AA fellowship. In order for AG ¶ 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 (if alcohol dependent) or responsible use (if an alcohol abuser),” to apply, the abstinence must be for sufficient time to clearly establish that Applicant’s trustworthiness and reliability are not subject to question. See ISCR Case No. 06-08708 (App. Bd. Dec. 17, 2007). At one point in the 1990s, Applicant abstained from alcohol for a longer period only to relapse into abusive drinking and additional failed rehabilitation efforts. Applicant did not followup with the aftercare recommendations following his discharge from the residential alcohol program in mid-July 2006. But the evidence also shows that Applicant did not fully accept that he was an alcoholic until December 31, 2006.

After finally surrendering and realizing that he could not recover on his own, Applicant began attending AA meetings on a daily basis, sometimes two meetings daily. Just shy of two years later, Applicant is still attending AA daily. His former and current sponsors in AA testified that they observed Applicant’s progress from being reticent to open up to actively aiding others in their recovery efforts, including taking members to detoxification or rehabilitation if necessary. While AA is not a recognized professional alcohol treatment program like the 28-day program at facility A, it appears to have succeeded in giving Applicant the insight and support he needs to focus on the present and realize that he can have an enjoyable, productive life free of alcohol. In the opinions of those persons who have seen him struggle with his addiction, Applicant is now facing his problem honestly and is doing all that he can to maintain his sobriety. He exhibited insight into what he needs to remain sober, recognizing in November 2008 that it would be to his benefit to obtain a new sponsor whom he could call and/or meet with on a regular basis. I find him credible when he expresses an intent to continue working the AA program. AG ¶ 23(b) applies.

AG ¶ 23(d), “the individual has successfully completed inpatient or outpatient counseling or rehabilitation along with any required aftercare, has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations, such as participation in meetings of Alcoholics Anonymous 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 treatment program,” applies in part. Applicant’s present abstinence, considering his level of commitment to the AA program, is sufficient to establish his trustworthiness and reliability with regard to arresting his alcoholism. While he completed two 28-day inpatient programs at facility A in the 1990/91 time frame, and more recently the three-week residential treatment program at facility D, he did not follow up with the latest aftercare recommendations. Applicant’s primary care physician gave him an outstanding prognosis for recovery, but his opinion is not controlling,

especially given the lack of information about the physician's experience in treating alcohol dependence.

Whole Person Concept

Under the whole person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the conduct and all the circumstances in light of the nine adjudicative process factors listed at AG ¶ 2(a):

(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 is 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 or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall common sense judgment based upon careful consideration of the guidelines and the whole person concept.

I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. Applicant held a secret security clearance without any adverse incidents when he was actively abusing alcohol. While this does not compel a favorable outcome, he is seen as less of a security risk now, given his two years of sustained commitment to his recovery. He has not consumed any alcohol for the past two years (since December 31, 2006). The potential for a relapse cannot be completely ruled out, but his sobriety is likely to be strengthened further by his continued involvement in the AA Twelve-Step program, and his assistance to others who turn to AA for help. He has a strong support network in AA and his family (mother and siblings), and his past voluntary treatments suggest he would be willing to readmit himself to an alcohol rehabilitation program if necessary.

Formal Findings

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

Paragraph 1, Guideline G: FOR APPLICANT

Subparagraph 1.a: For Applicant

Subparagraph 1.b:	For Applicant
Subparagraph 1.c:	For Applicant
Subparagraph 1.d:	For Applicant
Subparagraph 1.e:	For Applicant
Subparagraph 1.f:	For Applicant
Subparagraph 1.g:	For Applicant
Subparagraph 1.h:	For Applicant
Subparagraph 1.i:	For Applicant
Subparagraph 1.j:	For Applicant
Subparagraph 1.k:	For Applicant

Conclusion

In light of all of the circumstances presented in this case, it is clearly consistent with the national interest to continue Applicant's eligibility for a security clearance. Eligibility for access to classified information is granted.

ELIZABETH M. MATCHINSKI
Administrative Judge