DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
----------	)	ISCR Case No. 07-12973
SSN: ----------	)	
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Gina Marine, Esquire, Department Counsel
For Applicant: Thomas Albin, Esquire

October 21, 2008

Decision

MATCHINSKI, Elizabeth M., Administrative Judge:

Applicant submitted his security clearance application (SF 86) on February 2, 2006. On June 3, 2008, the Defense Office of Hearings and Appeals (DOHA) issued a Statement of Reasons (SOR) to Applicant detailing the security concerns under Guideline G, Guideline H, and Guideline E, that provided the basis for its decision to deny him a security clearance. The action was taken under 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 effective within the Department of Defense as of September 1, 2006.

Applicant answered the SOR in writing on June 20, 2008, and requested a hearing before an administrative judge. The case was assigned to me on August 1, 2008, to consider whether it is clearly consistent with the national interest to grant or continue a security clearance for him. On September 4, 2008, I scheduled a hearing for September 30, 2008.

The parties appeared as scheduled. The government submitted five exhibits (Ex. 1-5) that were admitted without any objections. Applicant testified and submitted one exhibit (Ex. A) to which the government did not object. A transcript (Tr.) of the hearing was received on October 9, 2008. Based on review of the pleadings, exhibits, and testimony, eligibility for access to classified information is denied.

Findings of Fact

DOHA alleged under Guideline G, alcohol consumption, that Applicant consumed alcohol at times to excess and intoxication from about 1995 to at least April 2006 (SOR ¶ 1.a); that he was arrested in 1999 (SOR ¶ 1.b), January 2005 (SOR ¶ 1.c), and April 2006 (SOR ¶ 1.d) for driving under the influence (DUI); and that he received 30 days of inpatient treatment beginning in April 2006 for alcohol dependence (SOR ¶ 1.e). Under Guideline H, drug involvement, Applicant was alleged to have used methadone without a prescription, with varying frequency up to daily, to at least April 2006 (SOR ¶ 2.a) to deal with a dependence on OxyContin (SOR ¶ 2.b); to have purchased methadone from street dealers (SOR ¶ 2.c); to have been arrested for possession of narcotics (unprescribed methadone) as well as DUI in April 2006 (SOR ¶ 2.d), and to have been treated for pain medication dependency during the 30 days inpatient program (SOR ¶ 2.e). DOHA alleged under Guideline E, personal conduct, that Applicant deliberately failed to disclose his use of unprescribed methadone on his security clearance application (SOR ¶ 3.a).

Applicant admitted the alcohol consumption and drug involvement allegations. He initially denied that he had intentionally falsified his security clearance application, but on redirect admitted that he had not disclosed his drug involvement. After considering the record evidence, I make the following additional findings.

Applicant is a 28-year-old second class rigger who has been employed by a defense contractor since June 2005 (Ex. 1, Tr. 18-20), with the exception of a five-month layoff from September 2006 (Tr. 54-55). There is no indication that the Department of Defense has previously granted him a security clearance (Tr. 117-18).

Applicant started drinking alcohol (primarily beer) in about 1995 when he was a freshman in high school. He was depressed following the death of his father and began drinking about 12 beers once weekly on the weekends at parties with friends and acquaintances (Ex. 3, Tr. 27, 82). He also smoked marijuana on occasion (Tr. 69-70). After graduating from high school in June 1998, he attended a community college for one year (Ex. 2, Tr. 22-23). In about May 1999, he was arrested for DUI. His license was suspended for six months (Ex. 1, 2).

In June 1999, he began working on a road crew for the town's highway department (Ex. 1, 2, Tr. 22). His coworkers drank and used illegal drugs, and Applicant began using the substances with them (Tr. 74). He continued to drink alcohol at a frequency of two to three times per week (Ex. 3). He used cocaine about 20 times at parties between 2000 and April 2006 (Tr. 70-72), usually in combination with alcohol,

and tried hallucinogenic mushrooms three times during the 2000/01 time frame (Tr. 73). He also continued to smoke marijuana "a couple times a week maybe" (Tr. 74) until about 2003/04.

On one occasion in January 2005, Applicant consumed four beers at the town garage after he ended his work shift. En route home, he was involved in a minor traffic accident in which the other driver sustained a wrist injury. He was arrested for DUI after he failed to complete field sobriety tests. At the station, he was administered a breathalyser that showed a breath alcohol level over the legal limit (Ex. 3).

Applicant managed to remain alcohol free for about a month after his arrest. Then in February/March 2005, he was offered some OxyContin by his cousin. He used them recreationally at parties on the weekends ("It was maybe twice a week, and then some weeks I wouldn't do it." Tr. 64-65). By Spring 2006, he was addicted to OxyContin, ingesting the drug at times daily and becoming sick when he did not use it. He purchased the drug from street dealers (Tr. 65) and did not obtain a prescription.

In application for a job with his present employer, Applicant completed a SF 86 on May 19, 2005, on which he disclosed the 1999 DUI and the pending January 2005 DUI charge, adding in part, "DMV STATES NOT GUILTY/PENDING COURT DATE." Applicant responded "NO" to question 27 concerning any illegal use of drugs since the age of 16 or in the last 7 years, whichever is shorter (Ex. 1) because he didn't think he would get the job if he listed his drug use (Tr. 81-82).

In June 1995, Applicant began working for the defense contractor (Tr. 23). He stayed away from drugs long enough to pass a drug test required of new hires (Tr. 75). In February 2006, he was asked to review and update the SF 86 that he had completed in May 2005. In the presence of an employee in the company's security department (Tr. 80), he corrected information about his schooling and employment with the town, but did not change his negative response to question 27, even though he was regularly abusing OxyContin. On February 2, 2006, Applicant certified by signature that his statements on the SF 86 were "true, complete, and correct to the best of [his] knowledge and belief and [were] made in good faith." (Ex. 2).

In about early April 2006, Applicant began taking unprescribed methadone (a synthetic narcotic) in lieu of OxyContin in an effort to deal with his addiction. He obtained the methadone from a street dealer (Tr. 66-67). About one week later, he was stopped by the state police for failing to drive in marked lanes. He failed field sobriety tests and was taken into custody for DUI. While being processed at the state police facility, he was found to be in possession of methadone tablets not prescribed for him and he allegedly made threats to the arresting officer. Charges of DUI, possession of narcotics, and second degree threatening were filed against him. Under a plea bargain, Applicant was convicted of reckless driving on the January 2005 charge and DUI for the April 2006 offense. The drug possession and threatening charges were dismissed. He was fined $550 for reckless driving. For the April 2006 DUI, he was sentenced to one year probation, to one year license suspension, 100 hours of community service or 48

hours in jail, and a $1,200 fine. Applicant served jail time in lieu of the community service and his fines were paid by mid-September 2006 (Ex. 3).

Realizing that he needed help with "a problem with pills in general" (Tr. 32), Applicant voluntarily admitted himself to a 29-day substance abuse treatment program on or about April 13, 2006 (Ex. 3, Tr. 28-31). Following group sessions, individual counseling, video presentations, and lectures in treatment of dependency on alcohol and narcotic pain medications, he was discharged on May 12, 2006, having successfully completed the program (Ex. 3). It was recommended that he attend Alcoholics Anonymous (AA) and aftercare counseling (Tr. 58). He attended only a couple of AA meetings, but began a monthly therapeutic relationship with a physician associated with the inpatient facility, who has continued to prescribe Suboxone medication to reduce Applicant's cravings for OxyContin (Tr. 38, 41, 56).[1] Applicant had been on antidepressants during his inpatient stay, but chose not to take them after his discharge because he did not like the way they made him feel (Tr. 85).

On September 13, 2006, Applicant was interviewed by a government investigator about his January 2005 and April 2006 arrests. Applicant admitted that a breathalyser test administered to him after his arrest in January 2005 showed a blood alcohol content greater than .08%. He refused to submit to a breathalyser after the April 2006 arrest, but failed field sobriety tests, and subsequently pled guilty to that DUI. Applicant acknowledged he had problems with alcohol and with addiction to pain medication (OxyContin), and that he had taken methadone daily before he entered rehabilitation in an effort to deal with his OxyContin dependence. He had since completed inpatient rehabilitation and was currently in outpatient aftercare with a physician, who had placed him on Suboxone.[2] Applicant denied any use of alcohol or unprescribed drugs since he entered the inpatient program or any intent to use alcohol or drugs in the future. Applicant denied any intentional falsification of his February 2006 SF 86 and stated that he did not think of updating his security form because he was focused on getting help for his alcohol/drug problem (Ex. 3).

During his inpatient treatment and in aftercare, Applicant has been told to abstain from alcohol, although his physician's focus has been to wean him off the pills (Tr. 57). Applicant relapsed on about five occasions between September 2006 and September 2007, drinking to intoxication when out socializing, including once with a neighbor. Applicant continues to socialize with coworkers, playing pool at "steak nights" the last Thursday of the month. Applicant does not attend these outings as often as in the past. When he attends, he always plays pool but has refrained from drinking for the past year

[1]Applicant testified, with no rebuttal from the government, that he began his aftercare "basically right after" he completed the inpatient program (Tr. 41). The available progress notes date only from December 10, 2007 (Ex. A), but the physician's notes of that session do not indicate that it was an intake or initial session.

[2]Suboxone (buprenorphine hydrochloride and naloxone hydrochloride) has been approved by the Food and Drug Administration for treatment of opiate dependence. Suboxone prevents symptoms of withdrawal from heroin and other opiates (Ex. 5).

(Tr. 36-37, 94-95). He continues to "have cravings to drink–big time." (Tr. 97). Applicant did not inform his physician of any of his alcohol relapses (Tr. 57).

Applicant considers his abuse of narcotics to be his worst problem ("The pills took a hold [of] me and I'm fighting them." Tr. 58), even though he cannot stop drinking once he starts (Tr. 61). With the help of Suboxone, he had not used any OxyContin, methadone, or cocaine since April 2006 (Tr. 38). His coworkers are aware that he is not abusing drugs any longer (Tr. 99). As of August/September 2008, Applicant continued to report to his physician that he was "clean and sober" but that he was not ready for a decrease in the dosage of Suboxone (Ex. A). He told his physician that he was experiencing an increase in anxiety during his office visits in August and September 2008 (Ex. A). His physician is not treating him specifically for the anxiety and depression that led him to drink and abuse drugs (Tr. 38), but Applicant finds the Suboxone helpful. On a few occasions, Applicant ingested more than the prescribed dosage ("if I'm on one, I'll take one and a half cause I get sick feelings, or anxiety." Tr. 93), but he managed to stretch out his medication until his next appointment (Tr. 94). Applicant has not told the physician that he has taken more than the prescribed dosage of Suboxone. He does not intend to continue to see the physician once he is off the pills (Tr. 103-04).

Applicant continues to associate with his old friends with whom he abused drugs in the past but he has not found himself in a situation where others are using drugs in his presence. These friends come over to his house, although he does not go out with them (Tr. 106-07).

Applicant loves his job as a rigger (Tr. 53). He works as many weekends as he is allowed (Tr. 95-96) and has a good attendance record (Ex. 3). He was promoted through the ranks early ("I pretty much have gotten [an] early jump right through." Tr. 54).

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 had his first drink when he was a freshman in high school. He drank to excess on weekends in high school, and eventually over the years developed a problem to the point where he cannot stop drinking once he starts. His abuse of alcohol led to three arrests for DUI, in 1999, January 2005, and April 2006. Although he pled guilty to reckless driving in the January 2005 incident, he admits that his blood alcohol content was over the legal limit. 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"), applies to all three offenses. His record of drunk driving and of drinking to intoxication after he completed the inpatient program implicate 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").

The government's case for consideration of AG ¶ 22(f) ("relapse after diagnosis of alcohol abuse or alcohol dependence and completion of an alcohol rehabilitation program") is less compelling. Applicant's admission to a problem with alcohol, to being unable to drink in moderation, suggests a dependency problem, but it falls short of proving the diagnosis of alcohol abuse or dependence required under AG ¶ 22(f). The adjudicative conditions, be they disqualifying or mitigating, cannot be viewed in isolation or applied inconsistently. Under Guideline G, those persons duly qualified to make a diagnosis of alcohol dependence or abuse are medical professionals (physician, clinical psychologist, or psychiatrist) (*see* AG ¶ 22(d)), or licensed clinical social workers on staff of a recognized alcohol treatment program (*see* AG ¶ 22(e)). The progress notes from Applicant's current medical provider are cursory and do not contain a diagnosis. The treatment records from the inpatient program were not made available for review. However, Applicant still has a substantial burden to mitigate his abusive drinking, given the repeated DUI offenses and his recent relapses following treatment.

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") cannot reasonably be applied in mitigation. Assuming Applicant was candid when he told a government investigator in September 2006 that he had last consumed alcohol in April 2006, and that he has been free from alcohol for a year as of September 2008, then the five instances of intoxication were between September 2006 and September 2007.

Although it took a third DUI arrest for him to realize that he had a problem with alcohol, Applicant deserves credit for pursuing inpatient treatment voluntarily and for successfully completing the program (*see* 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")). Yet although he has been abstinent for one year, I am unable to conclude that his abusive drinking is safely in the past. He continues to socialize in settings where he abused alcohol after his inpatient treatment program, and he still has cravings to drink. He has not complied with treatment recommendations to attend AA meetings, and he has not informed his treating physician of his relapses. It is unclear whether he has the insight and/or support network to maintain sobriety in the long term, especially given his admitted inability to drink in moderation once he starts drinking. He fulfills the initial treatment component of 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"), but lacks the favorable prognosis and full compliance with aftercare required for mitigation under AG ¶ 23(d).

Guideline H, Drug Involvement

The security concern for drug involvement is set out in AG ¶ 24: "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, and regulations." Applicant, who used marijuana in high school, was introduced to more dangerous drugs such as cocaine by coworkers when he was part of the town's road crew. In about February or March 2005, he was introduced to OxyContin by his cousin, and he began abusing the drug on weekends within his social circle. By early 2006, he was abusing the drug on a daily basis and purchasing it from street dealers. In late March/early April 2006, he turned to methadone in lieu of the OxyContin and used that drug, which also was not prescribed for him, on a daily basis for about a week or so until he was arrested, in part, for illegal possession of the synthetic narcotic. Disqualifying conditions AG ¶ 25(a) ("any drug abuse") and AG ¶ 25(c) ("illegal drug possession, including cultivation, processing, manufacture, purchase, sale or distribution; or possession of drug paraphernalia") are clearly pertinent to an assessment of his security suitability.

Although Applicant has admitted an addiction to OxyContin, and treatment for his dependency on pain medication in April 2006, the government did not present medical records confirming a formal diagnosis of dependency rendered by a duly qualified medical professional or by a licensed clinical social worker affiliated with a recognized drug treatment program, so neither AG ¶ 25(d) nor AG ¶ 25(f) are pertinent. The evidentiary record also falls short of AG ¶ 25(g) ("any illegal drug use after being granted a security clearance"). It is undisputed that Applicant abused drugs after he started working for the defense contractor. During closing argument, it was revealed that Applicant had been granted a "company confidential" by his employer (Tr. 117-18), but there was no indication that Applicant had been granted a Department of Defense clearance.

Applicant bears a substantial burden to overcome the judgment and reliability concerns raised by his illegal abuse of addictive opiates like OxyContin and methadone. He has abstained from methadone, OxyContin, and illicit drugs such as cocaine since he entered inpatient treatment in April 2006. But he is managing to deal with his narcotics' problem only because of Suboxone. While this drug is legally prescribed and he remains under the care of the prescribing physician, Applicant has on occasion taken in excess of the prescribed dosage:

> Really, certain days, you just–if–you either get–sumpin' [sic] bad happens so you get anxiety. Or even if, you know, you get–your tolerance for it get–grows, you know, and you can start feeling lousy, so certain days, I have to–I do take more than the one pill, but I just fight to make sure I

> make it to the next, cause I don't wanna be without nothing, you know. But I have abu–you know, gone over the dosage. (Tr. 104)

He has not mentioned to his physician that he has exceeded the prescribed dosage. His tendency to self-medicate, which was exhibited in the past by his effort to wean himself off OxyContin by resorting to methadone, is itself drug abuse under Guideline H (*see* AG ¶ 24(b) ("drug abuse is the illegal use of a drug or use of a legal drug in a manner that deviates from approved medical direction")). It shows that Applicant is continuing to struggle to overcome his drug problem. As of September 2008, he told his physician that he was not ready to decrease the dosage of his Suboxone after more than two years of taking the drug. His friends with whom he illegally used drugs in the past know that he is not using, but I am unable to apply AG ¶ 26(b) ("a demonstrated intent not to abuse any drugs in the future"), despite his abstinence from OxyContin, methadone, and cocaine since April 2006.

Guideline E, Personal Conduct

The security concern for personal conduct is set out in AG ¶ 15:

> Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness and ability to protect classified information. Of special interest is any failure to provide truthful and candid answers during the security clearance process or any other failure to cooperate with the security clearance process.

Applicant had used marijuana off and on from high school until 2003/04 and cocaine about 20 times between 1999 and April 2006. In about February or March 2005, he began using OxyContin on weekends. He concealed this drug involvement when he completed his initial security clearance application in May 2005 because he feared he would not be hired if he disclosed it. When asked to update his SF 86 in February 2006, he made no effort to correct his knowingly false answer to question 27. AG ¶ 16(a) ("deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine security clearance eligibility or trustworthiness, or award fiduciary responsibilities") applies.

Applicant is credited with candor about the extent of his drug involvement at his hearing. He even admitted abusing his Suboxone medication by taking more than the prescribed dosage on occasion, and to using cocaine on about 20 occasions before he entered the inpatient rehabilitation program in April 2006. However, his rectification is not sufficiently prompt to qualify for mitigation under AG ¶ 17(a) ("the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts"). When presented an opportunity to be forthcoming about his drug abuse in a September 2006 subject interview, Applicant averred he was

addicted to pain medication, but there is no indication in the record that he told the investigator about his involvement with cocaine or marijuana. When initially asked on direct examination about his negative response to question 27 concerning any illegal drug use, Applicant was not candid, as the following exchange shows.

> Q You denied intentional falsification. Your answer was in fact wrong. Is that right?
>
> A Was wrong, yes.
>
> Q Because you did use prescription drugs.
>
> A Yes. But when I went up to Security, I don't how I missed that one up, but they kept calling me up to update my clearance information cause I had the new arrest, and everything, and I don't know when I answered that. But I'm really unsure when I did that, cause I put down all my, usually put down all my stuff. But that's really all I can say for that. I don't know what I did there.

(Tr. 49-50). When asked on cross examination to explain his negative responses to question 27 on both the May 2005 (Ex. 1) and February 2006 (Ex. 2) security clearance applications, Applicant admitted that he had lied ("I'm pretty sure I didn't wanna put down that I used all sorts a [sic] drugs, and you know, knowing that I wouldn't get hired. I mean, I'm sure a lotta people do that, you know." Tr. 81-82). When his attorney later sought to amend the Answer to the SOR based on his admission to the falsification, Applicant responded, "Well, on the first one I guess, yes. But as far as when I updated it, I just filled out the arrest thing. So I don't know which form–I guess yes–basically yes. I guess I did leave stuff out, or answer 'no'." (Tr. 88-89). Any knowing equivocation or false statement is inconsistent with the good judgment and full candor that must be demanded of those persons granted access to classified information. Under the circumstances, none of the mitigating conditions apply, including AG ¶ 17(d) ("the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that caused untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur").

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's abusive drinking with three drunk driving incidents, and his extensive illegal use of controlled substances, to as recently as April 2006, raise very serious doubts for his judgment and ability to comply with rules and regulations (*see* AG ¶¶ 2(a)(1) and 2(a)(3)). His inpatient treatment with aftercare consisting largely of Suboxone medication to control any cravings for narcotics is a credible step in reform (*see* AG ¶ 2(a)(6)), but it is too soon to conclude that there is little likelihood of recurrence (*see* AG ¶ 2(a)(9)). He relapsed by drinking to excess about five times, and he self-medicated by taking more than his prescribed dosage of Suboxone while in aftercare. Even though his intent was not to "get high" (Tr. 103), he exhibited poor judgment in not informing his physician that the prescribed dosage was insufficient to deal with his symptoms. Despite his struggles with alcohol and narcotics, he managed to perform his work duties in a clearly acceptable manner, as evidenced by his early step promotions. Yet the government can ill afford to take the risk of a future relapse, or of Applicant again putting his personal interest ahead of his obligations, as he did when he falsely denied any illegal drug involvement on his security clearance applications. Applicant may eventually succeed in becoming "completely clean," but based on present circumstances, I am unable to conclude that it is clearly consistent with the national interest to grant or continue a security clearance for him.

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:	AGAINST APPLICANT
Subparagraph 1.a:	Against Applicant
Subparagraph 1.b:	Against Applicant
Subparagraph 1.c:	Against Applicant
Subparagraph 1.d:	Against Applicant
Subparagraph 1.e:	Against Applicant[3]

[3]Treatment is viewed favorably, but the allegation is resolved against him because of the excessive drinking that led to treatment, and that occurred after he completed the inpatient program.

Paragraph 2, Guideline H:	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, Guideline E:	AGAINST APPLICANT
Subparagraph 3.a:	Against Applicant

Conclusion

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

ELIZABETH M. MATCHINSKI
Administrative Judge