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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of:	Personnel Security Hearing)	
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Filing Date:	December 12, 2024)	Case No.: PSH-25-0046
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Issued: May 19, 2025

Administrative Judge Decision

Diane L. Miles, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."¹ As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information*. (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be granted.

I. Background

The Individual is employed by a DOE Contractor, in a position which requires that he hold a security clearance. In January 2024, the Individual submitted a Questionnaire for National Security Positions (QNSP), in which he reported that he had a history of alcohol treatment, including enrollment in two inpatient detoxification programs. Exhibit (Ex.) 7 at 98–100, 117–119.² In September 2024, the Local Security Office (LSO) referred the Individual for an evaluation by a DOE-contractor psychologist (DOE Psychologist), who conducted a clinical interview of the Individual and issued a report (the Report) of her findings. Ex. 5. On September 12, 2024, as part of the evaluation, the Individual underwent alcohol testing, in the form of a Phosphatidylethanol

¹ The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

² The DOE's exhibits were combined and submitted in a single, 235-page PDF workbook. Many of the exhibits are marked with page numbering that is inconsistent with their location in the combined workbook. This Decision will cite to the DOE's exhibits by reference to the exhibit and page number within the combined workbook regardless of any internal pagination.

(PEth) test,³ the result of which was positive at a level of 199 ng/mL. *Id.* at 33. The DOE Psychologist concluded that, based upon a medical doctor’s interpretation of the Individual’s September 2024 PEth test result, the Individual engaged in heavy alcohol consumption during the month before the evaluation. *Id.* at 26–27. Based on her evaluation of the Individual and the results of the Individual’s PEth test, the DOE Psychologist opined that the Individual habitually or binge⁴ consumed alcohol to the point of impaired judgment, and that he had not shown adequate evidence of rehabilitation or reformation. *Id.* at 29.

In November 2024, the LSO informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6–7. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. *Id.* at 5.

In December 2024, the Individual requested an administrative hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). Ex. 2. The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), I took testimony from the Individual, the Individual’s mentor, and the DOE Psychologist. *See* Transcript of Hearing, OHA Case No. PSH-25-0046 (Tr.). Counsel for the DOE submitted eight exhibits, marked as Exhibits 1 through 8. The Individual submitted seven exhibits, marked as Exhibits A through G.

II. The Summary of Security Concerns

As previously mentioned, the Notification Letter included the SSC, which sets forth the derogatory information that raised concerns about the Individual’s eligibility for access authorization. The SSC informed the Individual that information in the possession of the DOE created substantial doubt concerning his eligibility for a security clearance under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1 at 5.

Under Guideline G, “excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern under Guideline G include the “habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder.” *Id.* at ¶ 22(c). In invoking Guideline G, the LSO relied upon the DOE Psychologist’s opinion that the Individual “habitually and binge consumes alcohol to the point of impaired judgment, and that there is not adequate evidence of rehabilitation or reformation.” Ex. 1 at 5.⁵

³ The Report indicates that PEth is made when alcohol reacts with a compound in red blood cells and builds up in the red blood cells with “repeated drinking episodes.” Ex. 5 at 34. “PEth levels in excess of 20 ng/mL are considered evidence of moderate to heavy [alcohol] consumption.” *Id.* at 33.

⁴ The Report indicates that “the Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as five or more alcoholic drinks for men on the same occasion on at least one day in the past month.” Ex. 5 at 24.

⁵ The LSO also cited the results of the Individual’s September 2024 PEth test, which was positive at a level of 199 ng/mL. Ex. 1 at 5. While it informed the DOE Psychologist’s opinion, it does not present a security concern in and of itself.

Based on the above-referenced allegation, I find the LSO's security concerns under Guideline G are justified.

III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

In August 2013, while in the military, the Individual sustained an injury, after engaging in an outdoor activity while intoxicated. Ex. 5 at 24–25. After his injury, the Individual was required to attend a three-day substance abuse education class and attend weekly alcohol counseling for two months. *Id.* at 24; Tr. at 48–49. In 2015, after being discharged from the military, the Individual began consuming alcohol daily. Ex. 5 at 25. At the hearing, the Individual testified that during his military service, there was a culture among the members of consuming alcohol. Tr. at 35. He also stated that he developed his issues with alcohol during his military service, but he was never disciplined or punished, for any reason, and he was honorably discharged with a good conduct medal. *Id.* at 37–38; Ex. F; Ex. G.

In January 2019, the Individual completed a three-day Inpatient Detoxification Program, after he engaged in a "twenty-one-day binge drinking cycle." Ex. 5 at 25; Tr. at 37. The Individual admitted that he was binge consuming alcohol, sometimes eight alcoholic drinks in one sitting, to cope with stress during this period. Tr. at 74–75. During the three-day Inpatient Detoxification Program, the Individual was diagnosed with Alcohol Use Disorder (AUD), Moderate, and Major Depressive Disorder. Ex. 5 at 25. He received alcohol education, medical supervision, treatment of withdrawal symptoms, and group therapy. *Id.* Upon discharge, the Individual was prescribed medication to "ease alcohol withdrawal" and to treat his anxiety, which the Individual took for "a limited period." *Id.* The program also recommended that the Individual attend Alcoholics Anonymous (AA), but the Individual did not participate in AA and resumed consuming alcohol after the program. *Id.*

During the hearing, the Individual claimed he attended “a couple of” AA meetings, but he felt like the participants were “beating themselves up,” and he did not believe it would be helpful to him. Tr. at 42. In March 2019, the Individual re-enrolled in the three-day Inpatient Detoxification Program, but he left the program before it concluded. Ex. 5 at 25.

In May 2019, the Individual received treatment for “alcohol dependence” at a veterans hospital. Ex. 3 at 13. In November 2019, the Individual completed a three-day, inpatient, medical detox program at a recovery center (Recovery Center), after which he reduced, but continued to consume, alcohol. Ex. 5 at 26. While at the Recovery Center, the Individual recalled, he received some psychiatric treatment and was prescribed medication, but he said the medication made him sleepy and did not “work out” for him. Tr. at 75–76. In June 2022, the Individual was trying to live a healthier lifestyle, and he abstained from drinking alcohol for eight months, but later resumed drinking alcohol, in social settings, once a week. Ex. 3 at 13; Tr. at 77.

During his psychological evaluation, the Individual reported that from May 2023 to September 2024, he consumed “no more than three beers” twice a month, but he admitted to “occasional episodes of binge drinking; consuming up to five or six drinks during special occasions.” Ex. 5. at 27. In August 2024, one month before his psychological evaluation, he admitted to consuming “five or six beers over four hours” with friends. *Id.* at 26. He also admitted to consuming “approximately five drinks of either beer or whiskey over a few hours while on vacation” before the evaluation and to consuming “two or three drinks a night” during the two nights after his vacation ended. *Id.*; Tr. at 40–41. On September 12, 2024, as part of his psychological evaluation, the Individual underwent alcohol testing, in the form of a PEth test, which was positive at a level of 199 ng/mL. Ex. 5 at 33. The DOE Psychologist concluded that, based upon a medical doctor’s interpretation of the Individual’s September 2024 PEth test result, the Individual engaged in heavy alcohol consumption during the month before the evaluation. *Id.* at 26–27.

After evaluating the Individual, the DOE Psychologist found that, although the Individual had completed two inpatient detoxification programs, he had not completed an outpatient treatment program, and he had only successfully abstained from alcohol for eight months. Ex. 5 at 27. She opined that the Individual no longer met the diagnostic criteria for AUD, Moderate, but she concluded that his continued episodes of binge drinking were “problematic” and left him susceptible to relapse. *Id.* She opined that the Individual habitually and binged consumed alcohol to the point of impaired judgment, and he had not shown adequate evidence of rehabilitation or reformation. *Id.* at 29. She recommended that the Individual receive treatment by completing a “chemical dependency intensive outpatient program [(IOP)] for a minimum of eight weeks” and abstain from alcohol for a total of six months, and that his abstinence be supported by monthly PEth testing. *Id.* at 30.

Since the first week of February 2025, the Individual has participated in an IOP. Ex. A; Tr. at 43, 77. At the hearing, the Individual testified that he did not believe the IOP gave him a diagnosis when he started the program. Tr. at 68. The Individual explained that the IOP consisted of three to five, virtual, group meetings per week, and that each meeting lasted about an hour. *Id.* at 43, 80. During the meetings, the participants discussed different topics that involved recovery and “dealing with life’s issues.” *Id.* at 43. He described the IOP as more uplifting and supportive than AA. *Id.* at 43–44. Since participating in the IOP, the Individual has learned that one way he can avoid drinking too much alcohol is by getting to the root of the issue that is causing him to drink. *Id.* at 62–63.

The Individual submitted a letter from the IOP, which indicates that it provides treatment for veterans, including group meetings focused on relapse prevention, emotion regulation, and motivation enhancement. Ex. A. The letter indicates that the Individual has seen one of the IOP's "peer specialists" to receive individual support. *Id.* The Individual explained that a "peer specialist" is an individual who works with veterans, has had a substance abuse problem in the past, and offers support to current IOP participants. Tr. at 82. The Individual meets with the peer specialist every week. *Id.* The letter also indicates the IOP does not require PEth testing as part of their program, and the program did not believe alcohol testing was necessary for the Individual. Ex. A. At the hearing, the Individual testified that the IOP does not require that its participants abstain from alcohol. Tr. at 59. Rather, the IOP uses the "harm reduction approach," where any reduction of alcohol consumption is encouraged. *Id.* He explained that the IOP did not recommend that he abstain from alcohol, but rather they told him to reduce his consumption and "keep it from becoming too much of a problem." *Id.* at 49–50.

The letter was signed by the IOP's staff psychiatrist and staff psychologist. Ex. A. The Individual testified that the staff psychiatrist prescribed him medication called Naltrexone. Tr. at 64. The Individual has been taking the medication and believes it will reduce the sense of euphoria he feels when he drinks alcohol and reduce the amount he consumes. *Id.* at 64–66, 80–81. The letter from the IOP does not mention the Individual's use of Naltrexone, and it does not provide any information as to why it was prescribed to the Individual. Ex. A. The Individual explained that he meets with the IOP's staff psychiatrist regularly, but he did not indicate a frequency. Tr. at 66–67. The staff psychiatrist does not counsel the Individual, but he checks in with the Individual and talks to him about the program. *Id.* at 67. As to the IOP's staff psychologist, the Individual has met with him, once or twice a month, to discuss his progress in the IOP. *Id.* at 67–68, 78. The Individual stated that neither the IOP's staff psychiatrist nor the staff psychologist made a recommendation as to how long he should continue with the program. *Id.* at 79.

The Individual submitted evidence that he underwent PEth testing in December 2024, January 2025, and March 2025. Ex. B; Ex. C; Ex. D. The results of these tests were positive for alcohol consumption. *Id.* The Individual testified that his PEth test results were positive, but they were "in the moderate range," and he wanted to demonstrate that he can "consume [alcohol] responsibly, in the moderate range." Tr. at 44.

During the hearing, the Individual's mentor testified he has known the Individual since April or May of 2022. Tr. at 13. He mentored the Individual when he began employment with the DOE contractor as an intern, and he interacted with the Individual daily. *Id.* at 13–14. He understood that the Individual requested a hearing because he would like to obtain a security clearance and there are concerns about his alcohol consumption. *Id.* at 21. In December 2022, he and the Individual went out for drinks, and he observed the Individual consume five to six drinks, over the course of six hours. *Id.* at 16, 21. During their outing, the Individual did not display any signs of intoxication. *Id.* at 23. To his knowledge, the Individual follows all protocols required by his employer and is a trustworthy individual. *Id.* at 28–29.

The Individual testified that after his evaluation with the DOE Psychologist, he continued to drink alcohol, but he no longer drank to intoxication. Tr. at 52–53. He knew the DOE Psychologist recommended that he abstain from alcohol, but rather than abstain, he chose to demonstrate that he could engage in more controlled drinking. *Id.* at 57–58. He stated that, these days, he drinks alcohol two to three times a week, during weekends. *Id.* at 34–35, 46. He typically drinks beer,

and occasionally, if he is at a restaurant, he will have a cocktail. *Id.* at 34–35, 47–48. He last consumed alcohol a week and a half before the hearing. *Id.* at 68–69. He explained that since meeting with the DOE Psychologist and participating in the IOP, he understands the treatment resources that are available to him, and he will use more “discretion” around his alcohol consumption. *Id.* at 39–41. He has “plenty of contacts” he can reach out to for support if he is ever concerned about his alcohol use. *Id.* at 40. Although he admitted to consuming alcohol to intoxication as recently as August/September 2024, he believed he can continue to consume alcohol socially, without it impacting his professional life. *Id.* at 41.

In the future, the Individual intends to continue participating in the IOP, and he intends to use the IOP’s resources to avoid binge consuming alcohol. Tr. at 69. He stated the IOP is not limited to a specific number of weeks. *Id.* at 77–78. He intends to avoid drinking alcohol to cope with, or treat, depression. *Id.* at 70. Instead, he intends to drink alcohol just to relax and enjoy. *Id.*

The DOE Psychologist opined that the Individual is not yet rehabilitated or reformed from his habitual and binge consumption of alcohol because, although the Individual is enrolled in an IOP, he has only been enrolled in an IOP for eleven weeks, which is not a sufficient period of time to achieve rehabilitation or reformation, and the Individual did not follow her recommendation to abstain from alcohol. Tr. at 107. As to the Individual’s failure to abstain from alcohol, the DOE Psychologist testified that she recommended that the Individual abstain from alcohol for six months because maintaining a period of sustained abstinence demonstrates a person’s ability to control their drinking and understand their dependence on alcohol. *Id.* at 87–88.

She stated that “controlled drinking,” which the Individual is using to moderate his alcohol consumption, is most effective when adopted as part of a treatment program, where a person’s alcohol consumption can be monitored. Tr. at 88. Because the Individual has a substantial history of AUD, abstinence from alcohol is a more effective means of managing his problematic alcohol consumption over a sustained period. *Id.* Given the Individual’s history of alcohol use, his current consumption “could be a slippery slope,” and the fact that he did not follow her recommendation to abstain was concerning. *Id.* at 95. She also noted that the Individual’s extensive history of alcohol treatment makes him more susceptible to relapsing and binge drinking again. *Id.* at 99.⁶

As for the Individual’s current treatment in the IOP, the DOE Psychologist stated that the Individual’s IOP was the first Veterans Administration program she had heard of that did not require abstinence and did not account for the amount of alcohol the Individual consumed. Tr. at 89. She stated that abstaining from alcohol is a useful means to identify a person’s triggers to drink, their cravings, and whether they are drinking during the program. *Id.* She noted that the Individual had only been participating in the IOP since February 2025, which was not a very long time. *Id.* at 97. Finally, as for the Individual’s use of Naltrexone, she stated that she has clinical experience with people who have been prescribed the medication by a medical doctor. *Id.* at 91–92. In her experience, Naltrexone is typically prescribed for people with AUD, or people who report that they are unable to manage or control their drinking on their own. *Id.* at 81, 92, 97. She stated that the Individual’s use of Naltrexone suggested that he was not able to control or manage his drinking on his own. *Id.* at 97.

⁶ The DOE Psychologist testified as follows: “I just think its important to also remember the context of the [Individual’s] history, and that’s relevant because it makes him more susceptible to relapsing and to binge drinking again, a pattern of binge drinking.” Tr. at 99.

V. Analysis

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

- (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 judgment;
- (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Regarding factor (a), the Individual's habitual and binge consumption of alcohol to the point of impaired judgment occurred as recently as August or September 2024, less than one year before the hearing. The Individual admitted that, as of the hearing, he continues to consume alcohol on a weekly basis. The Individual's problematic alcohol consumption has been a frequent occurrence since 2013. Furthermore, there is no evidence that the Individual's alcohol consumption occurred under unusual circumstances. Finally, I am persuaded by the opinion of the DOE Psychologist, that because the Individual has not followed her recommendation to abstain from alcohol and he has been enrolled in an IOP for only eleven weeks, he is not yet rehabilitated or reformed from his habitual and binge consumption of alcohol. I cannot conclude that the Individual's problematic alcohol consumption is unlikely to recur, and it continues to cast doubt on his current reliability, trustworthiness, and judgment. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(a).

Regarding factor (b), the Individual admits that he has had issues with alcohol since 2013, including episodes of binge consumption that led him to attend at least two alcohol detoxification programs, and led to him receiving a diagnosis of AUD, Moderate, in January 2019. However, I do not find that the Individual has taken sufficient action to overcome this problem. The DOE Psychologist opined that, given the Individual's history of alcohol use, abstinence from alcohol is a more effective means of managing his problematic alcohol consumption over a sustained period than the method of "controlled drinking" he has chosen to adopt. Although the Individual has been enrolled in an IOP for eleven weeks, he chose to not follow the DOE Psychologist's recommendation that he abstain from alcohol. The Individual admits that he continues to drink alcohol, and that he did so as recently as a week and a half before the hearing. The Individual has

not established a pattern of abstinence sufficient to achieve rehabilitation or reformation from his AUD. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(b).

Regarding factor (c), as noted above, the Individual has a 13-year history of engaging in problematic alcohol consumption, including attending at least two alcohol detoxification programs, and later resuming alcohol use. Since February 2025, the Individual has been participating in an IOP and he has engaged with the program's peer specialist to obtain additional support. However, I am persuaded by the testimony of the DOE Psychologist, who raised concerns about the efficacy of the IOP, given its policy of not requiring its participants to abstain from alcohol and its failure to monitor the Individual's alcohol consumption. Furthermore, the Individual admitted that he continues to consume alcohol, and the DOE Psychologist opined that, because he has not received enough treatment or abstained from alcohol, he is therefore not yet rehabilitated or reformed from his habitual and binge consumption of alcohol to the point of impaired judgment. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(c).

Regarding factor (d), the Individual has been enrolled in an IOP for eleven weeks, since February 2025, but it is not known when, or if, the Individual will complete the program. Furthermore, as explained above, the Individual admitted that he continues to consume alcohol, that he did so as recently as a week and a half before the hearing, and that he has not followed the DOE Psychologist's recommendation to abstain from alcohol. The Individual has not demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. Accordingly, I find that the Individual has not satisfied the mitigating condition set forth at ¶ 23(d).

Having concluded that the Individual has not satisfied any of the mitigating conditions, I find that he has not resolved the security concerns asserted by the LSO under Guideline G.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the relevant information, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be granted.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Diane L. Miles
Administrative Judge
Office of Hearings and Appeals