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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: October 8, 2025) Case No.: PSH-26-0004
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Issued: April 17, 2026

Administrative Judge Decision

Andrew Dam, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXXX (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 or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual’s access authorization should not be granted.

I. BACKGROUND

The Individual originally applied for access authorization in 2019 in connection with his employment with a DOE contractor. Exhibit (Ex.) 15 at 487 (August 15, 2019, Questionnaire for National Security Positions (QNSP)).² A report obtained from the Federal Bureau of Investigation (FBI) in connection with this clearance investigation revealed that the Individual was arrested and charged with Driving While Intoxicated (DWI) in two separate incidents occurring in February 2004 and June 2004. *Id.* at 514–15. The Individual also self-disclosed using cocaine. *Compare id.* at 480–81 (stating in 2019 QNSP that he used cocaine from April 2017 to January 2018 “every other month . . . 2 or 3 times”) *with id.* at 495 (October 2019 Enhanced Subject Interview (ESI) notes reflecting that the Individual “corrected” his self-report to mean that he only used cocaine on “2 occasions” between “April 2017 and January 2018”).

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 Exhibits 1 through 15 submitted by the DOE were submitted as a single PDF, Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the DOE.

The Individual estimated that he was granted a clearance in December 2019. Ex. 13 at 324 (April 29, 2025, QNSP). The Individual was required to submit another QNSP in March 2022, in which he again stated that he used “cocaine” between April 2017 and January 2018 “2 or 3 times.” *Id.* at 380. In April 2022, the Individual underwent a second ESI, the notes for which reflect that he discussed “us[ing] cocaine a handful of times” between April 2017 and January 2018. *Id.* at 396.

On February 24, 2023, the Individual used cocaine. *See* Ex. 6 at 34 (Individual’s June 12, 2025, response to a Letter of Interrogatory (LOI)) (June 2025 LOI Response); Ex. 7 at 44 (Individual’s April 6, 2023, response to a LOI) (April 2023 LOI Response). Then, between February 26, 2023, and March 28, 2023, the Individual sought treatment for Cocaine Use Disorder, Severe, and Alcohol Use Disorder, Severe, at a 30-day, inpatient treatment program. Ex. 10 at 103, 153. This prompted the Local Security Office (LSO) to refer the Individual to a DOE consultant psychologist (DOE Psychologist No. 1) for a psychological assessment. *Id.* at 102. As part of the assessment that took place on May 19, 2023, DOE Psychologist No. 1 reviewed several medical records reflecting that the Individual had used cocaine more extensively than previously reported to the DOE in his 2019 QNSP, including while the Individual held a clearance. *See, e.g., id.* at 127 (January 2018 notes from a therapist reflecting the Individual self-reported “snorting cocaine every couple [of] weeks”), 161 (inpatient treatment records reflecting that he used cocaine “[t]wice a month” prior to receiving treatment).

In June 2023, DOE Psychologist No. 1 issued a report (2023 Report), in which she determined that the Individual met sufficient criteria under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* for diagnoses of Alcohol Use Disorder (AUD), Severe, in Early Remission and Stimulant (Cocaine) Use Disorder, Severe, in Early Remission. *Id.* at 109. DOE Psychologist No. 1 further opined that the Individual had not demonstrated adequate evidence of rehabilitation or reformation for either condition. *Id.*

Given the Individual’s drug use and the alcohol-related concerns, the LSO subsequently suspended his clearance and issued to the Individual a Summary of Security Concerns (SSC), summarizing the reliable information creating substantial doubts regarding his eligibility for access authorization. Ex. 13 at 325; Ex. 12 at 284. On October 10, 2023, the Individual requested an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 12 at 286. However, on October 11, 2023, the Individual’s employer terminated him for cause, and a Security Termination Statement formed the basis for the administrative review hearing being cancelled. Ex. 4 at 19; Ex. 5 at 23. The Individual’s security clearance was administratively withdrawn at the time of his termination. *See* DOE O 472.2A ¶ 4(s) (“In all instances, security clearances must be administratively withdrawn when there is termination of employment . . .”).

In February 2025, the Individual secured employment with another DOE contractor and, in April 2025, submitted a QNSP applying for access authorization. Ex. 13 at 300, 328. As part of the clearance process, the Individual completed his April 2025 LOI Response, wherein he admitted to having been addicted to cocaine and engaging in periods of use in 2017, 2022, and 2023. Ex. 6 at 31. Given his history, the LSO referred the Individual for another psychological assessment with a different DOE consultant psychologist (DOE Psychologist No. 2). Ex. 8 at 50. They met for an evaluation on July 29, 2025, and DOE Psychologist No. 2 issued a report in August 2025 (2025 Report), wherein he also found that the Individual met sufficient diagnostic criteria for AUD,

Severe, and Stimulant (Cocaine) Use Disorder, Severe. *Id.* at 50, 60–61. DOE Psychologist No. 2 also found that the Individual had not demonstrated adequate evidence of reformation or rehabilitation for either condition. *Id.*

Subsequently, the LSO issued the Individual a Notification Letter advising him that it possessed reliable information casting substantial doubt on his eligibility to hold access authorization. Ex. 1 at 9–11. In the SSC attached to this Notification Letter, the LSO explained that the derogatory information raised security concerns under Guidelines G and H of the Adjudicative Guidelines. *Id.* at 7–8. The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 13.

The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative review hearing. The LSO submitted 15 exhibits (Ex. 1–15). The Individual submitted twelve exhibits (Ex. A–L).³ Neither party objected to the admission of the aforementioned exhibits. The Individual testified and offered the testimony of his wife (Wife), father (Father), sponsor (Sponsor) from Alcoholics Anonymous (AA), and his current employer’s Employee Assistance Program (EAP) counselor (EAP Counselor). Transcript of Hearing, OHA Case No. PSH-26-0004 (Tr.) at 3. The LSO offered the testimony of DOE Psychologist No. 2. *Id.* The Individual stipulated to DOE Psychologist No. 2’s expertise in the field of psychology. *Id.* at 9. The Individual also stipulated to DOE Psychologist No. 1’s expertise in the field of psychology. *Id.* at 9–10.

II. THE SECURITY CONCERNS

a. Guideline G

Under Guideline G, “[e]xcessive 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 security concerns include “alcohol-related incidents away from work, such as driving while under the influence [or] . . . disturbing the peace . . .” and “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder[.]” *See id.* at ¶ 22(a), (d). In citing Guideline G, the LSO relied upon DOE Psychologist Nos. 1 and 2’s 2023 and 2025 Reports finding that the Individual had AUD, Severe. Ex. 1 at 7. The LSO also relied upon the Individual’s February 2004 and June 2004 DWIs. *Id.* The DOE possesses sufficient derogatory information to raise security concerns under Guidelines G.

³ The Individual’s exhibits were submitted as separate PDF files. This Decision will refer to the exhibit letter and that exhibit’s page number when citing to the Individual’s exhibits.

b. Guideline H

Guideline H relates to the illegal use of controlled substances, including prescription and non-prescription drugs. Adjudicative Guidelines at ¶ 24. “The illegal use of controlled substances . . . can raise questions about an individual’s reliability and trustworthiness . . . because such behavior may lead to physical or psychological impairment and because it raises questions about a person’s ability or willingness to comply with laws, rules, and regulations.” *Id.*⁴ Conditions that could raise a security concern under Guideline H include “any substance misuse”; “illegal possession of a controlled substance . . .”; “diagnosis by a duly qualified medical or mental health professional . . . of substance use disorder”; and “any illegal drug use while granted access to classified information or holding a sensitive position[.]” *Id.* at ¶ 25(a), (c)–(d), (f). In citing Guideline H, the LSO relied upon (1) DOE Psychologist Nos. 1 and 2’s 2023 and 2025 Reports finding that the Individual had Stimulant (Cocaine) Use Disorder, Severe; (2) the Individual’s admission that he used cocaine on February 24, 2023, while holding a clearance; and (3) the Individual’s admission that he had a cocaine addiction during periods of use in 2017, 2022, and 2023. Ex. 1 at 8.

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 Dep’t 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).

An 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). An individual is afforded a full opportunity to present evidence supporting his or her 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.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

⁴ “Controlled substance means any ‘controlled substance’ in 21 U.S.C. [§] 802.” Adjudicative Guidelines at ¶ 24 (formatting in original). The schedules of controlled substances include cocaine. *See* 21 U.S.C. § 812 (cited in 21 U.S.C. § 802).

IV. FINDINGS OF FACT

a. Individual's Background, 2004 DWIs, Cocaine Use, and Alcohol Consumption

The Individual estimated that he first started drinking alcohol as a senior in high school. Ex. 10 at 495 (2019 ESI). He was then arrested for two DWIs in February 2004 and June 2004. *Id.* at 514–15 (FBI Record). The Individual was about 20 years old at the time. Ex. 13 at 296 (2025 QNSP providing his birth year as 1984). The Individual, at the hearing, explained that at the time he “had a new girlfriend” who “liked drinking.” Tr. at 121. During the hearing, the Individual admitted that he had “screwed up” but did not stop drinking after getting the two DWIs. *Id.*

The Individual testified that his pattern of alcohol use after the 2004 DWIs was just “maybe once every three months or something like that.” *Id.* at 122. According to the 2019 ESI notes, the Individual provided the following to the investigator:

The jail time he served as a result of the 2nd DWI arrest . . . led him to cease all consumption of liquor. Moreover, while he has continued to occasionally drink beer to present, it has been in moderation and not to intoxication, with his subsequent to the 2nd DWI arrest consumption of beer typically being limited to 1 or 2 beers on a monthly basis, at home or on special occasions, and not resulted in him drinking and driving. [The Individual] denied the possibility of him ever again abusing alcohol, whether beer or other beverages, because he has matured and is more responsible and does not need it to socialize as he did in the past [] as his social interaction is almost entirely with family.

Ex. 10 at 495.

In his June 2025 LOI Response, the Individual indicated he “used [cocaine] [his] first time back in 2017 when [he] was depressed.” Ex. 6 at 31 (emphasis added).⁵ *But see* Ex. 10 at 161 (treatment record stating he first used cocaine at 23 in 2007). At the hearing, the Individual was asked “how many times had [he] used cocaine” prior to “fill[ing] out [the] August 15th, 2019[,] QNSP.” Tr. at 123. He responded that he “do[esn’t] know the exact amount of times . . .” and generally provided that “at the time” he worked for an employer who required him to be “out of town a lot” and that “[t]here was a lot of stress on [his] job” and “health.” *Id.* To deal with this stress, he would use “a gram here and there occasionally.” *Id.* The Individual worked for this employer between 2010 and 2018. Ex. 15 at 463.

The Individual first sought out treatment with a physician’s assistant (PA) in January 2018 for “depression” and “anxiety” and the PA’s notes reflect that he was also “snorting cocaine every couple [of] weeks to escape from the pressures.” *Id.* at 127 (emphasis added). The PA advised the Individual to “DC [discontinue] all cocaine use”; diagnosed the Individual with “Adjustment disorder with mixed anxiety and depressed mood”; and prescribed sertraline to the Individual to manage the symptoms associated with this diagnosis. *Id.* at 128–29.

⁵ I have chosen to emphasize every reference to the Individual’s cocaine use to underline how particularly unreliable he is in his self-report on his cocaine use.

When completing the August 2019 QNSP for his clearance application, the Individual reported that he used cocaine “2 or 3 times” when he got “depressed” between April 2017 and January 2018. Ex. 15 at 480 (emphasis added). In the 2019 QNSP, the Individual certified that the information he was providing was “true, complete, and correct to the best of [his] knowledge and belief” and that he “underst[ood] that intentionally withholding, misrepresenting, [or] falsifying . . . information may have a negative effect on [his] security clearance . . . up to and including denial or revocation of [his] security clearance” *Id.* at 487. During his October 2019 ESI, the Individual communicated to the investigator that he had only used cocaine “on 2 occasions.” *Id.* at 493, 495 (emphasis added). According to the October 2019 ESI notes, the Individual attributed the discrepancy to his “[W]ife helping him complete the [QNSP]” *Id.* The Individual told the investigator that he had 4-5 lines of cocaine on each occasion and that his Wife insisted that he seek out treatment with a medical professional. *Id.* at 495–96. In that ESI, the Individual “denied the possibility of future use of or other involvement with cocaine or other controlled substances.” *Id.* at 496. At the hearing, the Individual admitted that “two or three times during those years” was “not correct.” Tr. at 126 (“I should have reported more It was like two or three times, maybe, a month”) (emphasis added).

The Individual estimated that he started holding a clearance in December 2019. Ex. 13 at 324 (April 29, 2025, QNSP). In March 2022, the Individual submitted another QNSP in which he used language identical to that of his 2019 QNSP—again underreporting that he used cocaine “2 or 3 times” when “depressed” between April 2017 and January 2018. *Compare* Ex. 15 at 380 (2022 QNSP) *with id.* at 480 (2019 QNSP). As with the prior QNSP, the Individual certified to the accuracy of the information provided. *Id.* at 388.

During his April 2022 ESI, the Individual, “UNDER OATH” gave yet another accounting of his cocaine usage that departed from what he previously reported:

From 4/2017-01/2018, he [the Individual] used cocaine a handful of times to see if it helped him with his stress He didn’t seek medical attention due to having some type of drug addiction. He sought medical care because his wife told him to see a doctor to find out what was causing his stress and in turn making him use cocaine

He has no intention of using drugs. He has a good job and wants a better life.

Id. at 395–96 (emphasis added) (capitalizations in original). The investigator’s notes from the April 2022 ESI also reflect the following regarding his alcohol consumption: “He stopped drinking over a year ago [2021] due to medical reasons after undergoing surgery. He cannot have alcohol again.” *Id.* at 396. In his March 2022 QNSP and April 2022 ESI, he reported no cocaine use after January 2018. *See generally id.* at 353–97.

In his June 2025 LOI Response, he indicated that he and his PA, “in 2022[,]” tried to “wing [wean] [him] off that med[] [sertraline] . . .” but “then[,] [he] tried cocaine again in the middle of 2022 to the beginning of 2023.” Ex. 6 at 31 (emphasis added). This contradicts what he told DOE Psychologist No. 1 during his May 2023 clinical interview: “[The Individual] stated that he did not use cocaine again until 02/24/2023” Ex. 10 at 104 (emphasis added). At the hearing, the

Individual testified that, when he “stopped taking [his] medication, that [his alcohol intake] increased”—which appears inconsistent with his claim that he had stopped drinking after his medical procedure. Tr. at 122; *cf.* Ex. 15 at 396. Furthermore, he testified that he started using cocaine “four or five months before” February 2023—or in September or October 2022. Tr. at 130 (explaining his cocaine use started at once per month but the frequency increased over this period). He also indicated that he knew using cocaine while holding a clearance was “wrong” though he “wasn’t really thinking” because he “was going through [] depression [] [and] had stopped taking [his] medication.” *Id.* at 93–94.

He told DOE Psychologist No. 1 the following narrative that precipitated his entry into inpatient treatment:

On 02/24/2023[,] [the Individual] said that he had become overwhelmed by his emotions, and could not control his anger, anxiety, and depression. He and his wife were arguing, and he left the house. Initially he said he “ran into” some old friends but later he admitted that he had called one of them. He met them at a local restaurant/bar, had two or three beers, and then went to the home of one of them and snorted cocaine. His wife called him and when he returned home, he told her what he had done. Because [the Individual] had been treated in 2018 for the same symptoms, including cocaine use, he and his wife agreed that he should “get help right away.” [The Individual] further said that his wife had given him an ultimatum—treatment or lose his family—so they arranged for him to go to treatment within a day or two.

Ex. 10 at 103.

b. Inpatient Treatment from February 2023 to March 2023

On February 25, 2023, the Individual checked himself into an inpatient treatment program. Ex. 10 at 145 (intake records). A treatment provider’s February 27, 2023, evaluation notes reflect that the Individual self-reported the following:

Patient reports most recent usage of binging approximately 2 to 3 grams of cocaine three to four times monthly, last use 02/24/23, and an unknown amount of alcohol until he would black out that same two to four times monthly, last use 02/23/23. Patient denies any specific triggers but states he has been diagnosed with depression and is on [sertraline] currently and would like to continue. Patient states he last used two to three days ago.

Id. at 166 (emphasis added). Other times, he reported to the same treatment providers that he used “2 to 3 grams” about “[t]wice per month” and drank alcohol “[o]nce or twice a month . . . [t]o the point of blacking out[.]” *Id.* at 161. While in inpatient treatment, the Individual was diagnosed with “Cocaine use disorder, Severe”; “Alcohol use disorder, Severe”; and “Major depressive disorder, Recurrent episode, Severe[.]” *Id.* at 153. When asked at the hearing to describe the treatment he received, the Individual recounted engaging in individualized counseling, group therapy, crafts, and yoga, among other activities. Tr. at 102. The Individual submitted a letter dated

February 2026 from a program supervisor at the inpatient program. Ex. A at 1. The program supervisor described the Individual as “fully compliant in all aspects of the program” and stated that the Individual was “extremely attentive in both one[-]on[-]one sessions” and “during group sessions” which “allowed him to develop the necessary coping skills and relapse prevention techniques needed to achieve long term sobriety.” *Id.*

The Individual was discharged on March 28, 2023. Ex. 10 at 154. Upon discharge, a staff member’s notes reflected that the Individual had “met all goals while in [their] care” and had “completed all assigned treatment objectives.” *Id.* In particular, the Individual had “shown insight into his maladaptive thought processes and had the ability to recognize his lack of coping skills prior to treatment.” *Id.* The inpatient treatment provider clinically recommended that the Individual engage in aftercare—more specifically, that the Individual “continue treatment at a PHP/IOP/SLE [partial hospitalization program, intensive outpatient program, or sober living environment], attend NA [(Narcotics Anonymous)]/AA meetings 5[] [times] per week, obtain a sponsor to assist him with the 12 steps of recovery, continue individual therapy sessions, [and] participat[e] in marriage counseling sessions and monthly psychiatry visits to monitor medications.” *Id.* at 155. However, the aftercare treatment plan put in place was less extensive: (1) attendance of an IOP; (2) regular church attendance on Sunday; (3) attendance of NA meetings twice per week; and (4) obtaining a 12-step sponsor and working the 12 steps of recovery. *Id.*

c. Subsequent Clearance Suspension in 2023, Referral to DOE Psychologist No. 1, and Termination

As a result of his cocaine use and attendance in the inpatient treatment program, the Individual’s clearance was suspended in 2023. Ex. 13 at 325. In his April 2023 LOI Response, he was asked to “[p]rovide details regarding [his] use of cocaine, to include the estimated first and last dates of use, frequency, number of times used, and circumstances/reason for use.” Ex. 7 at 44. The Individual represented that he “used 1 time on February 24th[, 2023]” since “he was having a hard time dealing with [his] feelings” *Id.* (emphasis added). He further provided that his cocaine use had negatively affected his relationship with his wife and parents, which prompted him seeking inpatient treatment. *Id.* at 44–45.

His admitted cocaine use and related treatment resulted in the LSO referring the Individual to DOE Psychologist No. 1 for an evaluation. Ex. 10 at 102. As part of the evaluation, DOE Psychologist No. 1 administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3),⁶ conducted a clinical interview with the Individual, reviewed the Individual’s personnel file and treatment records, and reviewed a same-day urine drug test result.⁷ *Id.* at 103. DOE Psychologist No. 1 issued her report in June 2023. *Id.* at 109.

⁶ “[T]he MMPI-3 [] is a 335-item true/false test of several areas of personality functioning and psychopathology. It also has several scales which measure the person’s attitude toward taking the test, its validity, and over- and under-reporting.” Ex. 10 at 106.

⁷ The result of the urine drug screen was negative. Ex. 10 at 107, 125–26. The website for the company that administered the drug test provides that cocaine can be detected in urine samples within 2 days. Drugs of Abuse Reference Guide, *LabCorp*, <https://www.labcorp.com/content/dam/labcorp/files/orgs-hhs-mc-launch/L1123-0216-5.pdf> (last visited Apr. 10, 2026).

In the 2023 Report, DOE Psychologist No.1 emphasized that the Individual remained inconsistent in his self-report of his cocaine use despite documentation that contradicted his accounts: “The reader is reminded that [the Individual] repeatedly told me that he had only used cocaine two times in his life” Ex. 10 at 105 (emphasis added). When confronted by DOE Psychologist No. 1 about this, the Individual apparently doubled down: “[The Individual] insisted that it had only been on two occasions that he snorted cocaine, and that ‘people’ couldn’t believe it (at the treatment center) either” *Id.* at 106. DOE Psychologist No. 1 reported that his “denial and minimization of his substance use” was “consistent” with the results of the MMPI-3 scores, which suggested “under-reporting” and a tendency of the Individual to “present[] [] himself in a positive light” *Id.* at 107.

At the hearing, the Individual insisted that he misunderstood DOE Psychologist No. 1’s question: “I didn’t understand the question she was asking me.” Tr. at 127. Purportedly, he thought that DOE Psychologist No. 1 had asked him how often cocaine had been a problem in his life. *Id.* However, given DOE Psychologist No.1’s recounting of their clinical interview and the specificity of her narrative, this appears rather unlikely.

Furthermore, the Individual’s testimonial explanation contradicts a written statement provided by the Individual in response to the 2023 SSC: “In my interview on 5/19/23 [with DOE Psychologist No. 1], I was untruthful and stated that I only used [cocaine] two times. I got nervous[,] and I regrettably didn’t tell the truth.” Ex. 12 at 288. When asked about these explicit contradictions at the hearing, the Individual provided an answer shedding little insight into his apparent dishonesty: “[W]hat I meant to say was that I didn’t understand it, and it looks like I was lying” Tr. at 129. This testimony—ignoring the plain language of his handwritten admission of earlier “untruthful[ness]”—adds yet another strike against the Individual’s credibility.

DOE Psychologist No. 1 provided the following assessment of the Individual’s alcohol and cocaine use:

[The Individual] rather dramatically lied about his use of alcohol and cocaine during this evaluation by stating he had used cocaine “only two times” in his life, and that he had consumed “a beer here and there” since he was in his mid-20s except for the three beers he said he drank on the date in question, 02/24/2023, when he also snorted cocaine “but not even that much[.]” []

By contrast, in evaluations at two substance use treatment centers he was diagnosed with both Alcohol and Cocaine Use Disorders. At [inpatient treatment] the level of severity for both was “Severe,” and at [outpatient treatment] the level was “Moderate, in Early Remission.” Information contained in those reports shows that [he] would leave his home and go to hotels or friends’ homes to drink alcohol and snort cocaine “until he blacked out,” and that the frequency of those occasions ranged from two to four times per month. This is a more plausible description given that his [W]ife and his parents insisted he enter a treatment program, and [his Wife] gave him an ultimatum of stopping his substance use or she would divorce him.

Ex. 10 at 107. She further found that the Individual met ten out of the eleven diagnostic criteria for Alcohol Use Disorder and Stimulant (Cocaine) Use Disorder, making the modifier for those disorders “Severe.” *Id.* at 107–08. She found the Individual to be “In Early Remission[,]” meaning he had “not met criteria for the diagnoses for at least three months but less than 12 months.” *Id.* at 108.

DOE Psychologist No. 1 recommended the following in order for the Individual to demonstrate rehabilitation: (1) that the Individual enter an IOP; (2) that he complete the IOP’s aftercare program for at least nine months, with a total of one year in treatment; (3) attendance in AA meetings at least three times per week; and (4) Phosphatidyl ethanol (PEth)⁸ testing and urine drug screen (UDS) testing for cocaine every four to six weeks. *Id.* at 109. DOE Psychologist No. 1 did not recommend that the Individual attempt the “path of reformation,” but indicated that the Individual might do so by demonstrating “two years of abstinence as documented by the above-noted [PEth and UDS] laboratory testing . . .” *Id.*

The LSO issued to the Individual an SSC in 2023, citing among other issues DOE Psychologist No. 1 diagnosing him with AUD, Severe, and Stimulant (Cocaine) Use Disorder, Severe. Ex. 12 at 284–85. At the hearing and during his meeting with DOE Psychologist No. 2 in July 2025, the Individual attempted to disclaim having read the 2023 Report:

I [DOE Psychologist No. 2] inquired whether [the Individual] had pursued or considered pursuing any of the treatment options or laboratory testing options that would provide adequate evidence of rehabilitation or reformation as identified by [DOE Psychologist No. 1] in her report He expressed confusion about the question and then stated that he has never seen [DOE Psychologist No.1’s] report.

Ex. 8 at 56; *see also* Tr. at 89–92 (“It [the 2023 Report] was brought up to me by [DOE Psychologist No. 2] . . .”). However, when originally responding to the 2023 SSC, the Individual handwrote the following: “In response to [DOE Psychologist No. 1’s] conclusion on 6/3/23, I am in the early stages of remission of the use of cocaine.” Ex. 12 at 289. The Individual’s own handwritten response acknowledges the 2023 Report—going so far as to cite the specific date of its issuance and its contents—and suggests, rather strongly, that he had seen the 2023 Report contemporaneous with his receipt of the 2023 SSC.

Before a hearing could be held with respect to the derogatory information alleged in the 2023 SSC, on October 11, 2023, the Individual’s employer terminated him for cause, and a Security Termination Statement was provided that prompted the cancellation of the administrative review hearing. Ex. 4 at 19; Ex. 5 at 23. As stated above, the Individual’s security clearance was administratively withdrawn at the time of his termination. *See* DOE O 472.2A ¶ 4(s).

d. IOP in 2023 and Other Actions Undertaken

At around the same time as the events described in Section IV(c), the Individual enrolled in an IOP in April 2023. Ex. 10 at 262. Notably, during his intake, the Individual represented to a

⁸ PEth “is not a normal body metabolite [T]he PEth test is 100% specific for alcohol consumption.” Ex. 8 at 57. A PEth result exceeding 20 ng/mL is evidence of “moderate to heavy ethanol consumption.” *Id.*

treatment provider that he only did cocaine “4 times.” *Id.* at 267 (emphasis added). The treatment provider provided the following notations regarding his intake: “Client appeared to be ingenuine as he would disclose answers to questions[] [that] he earlier denied through the session Client appeared to [be] minimizing his cocaine use. Client appears to be engaging in services to return to work and due to his clearance.” *Id.* at 268–69.

The IOP employee evaluating the Individual during the intake initially recommended that the Individual attend for 26 weeks with 1 group session weekly and 2 individualized counseling sessions per month. *Id.* at 269. The Individual reported that the IOP employee actually providing the treatment ultimately determined that he did not need to complete the full 26 weeks and gave him a certificate of completion in November 2023 for “what ended up being a 12-week program” Ex. 8 at 56; *see* Ex. B at 1 (November 2023 certificate of completion).⁹ According to what the Individual told DOE Psychologist No. 1, a treatment provider at the IOP remarked to him “that she didn’t understand why he was even at their program” and reduced the amount of time he was recommended to spend in treatment. Ex. 10 at 108. DOE Psychologist No. 1 opined that the Individual had “misrepresented his symptoms such that [the IOP] revised [the] recommendation [for the Individual] to a minimal level of intervention” *Id.*

At the time of his May 2023 evaluation by DOE Psychologist No. 1, the Individual reported that he attended one AA meeting per week but had not yet secured a sponsor. *Id.* at 105–06. When he met with DOE Psychologist No. 2 in July 2025, the Individual informed him that he had not engaged in AA or another peer support program for substance use since completing the IOP in November 2023. Ex. 8 at 56. The Individual reported to DOE Psychologist No. 2 that he had been participating in a church-based group. *Id.* The church-based group has a yearly retreat and meets for twelve weeks prior to the retreat. *Id.* The Individual acknowledged that the church-based group “has no specific substance use treatment or support component [].” *Id.*

e. February 2025 Employment, April 2025 Clearance Application, and Referral to DOE Psychologist No. 2

The Individual started his current employment with another DOE contractor in February 2025. Ex. 13 at 300. He submitted his QNSP in April 2025. *Id.* at 292–328. In the April 2025 QNSP the Individual provided the following regarding his drug use: “I would use cocaine when I got depressed. like every other month some times longer depending how I felt. 2 or 3 times then I used in 2023 and it was more frequently but I ended up getting treatment for it.” *Id.* at 320 (errors in original). Notably, when completing his 2025 QNSP, the Individual marked “No” to the following questions despite his family issues precipitating his attendance in inpatient treatment and an IOP in 2023 where he received AUD diagnoses: (1) “**In the last seven (7) years** has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?”; (2) “Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?”; (3) “Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?”; (4) “Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?” *Id.* at 323 (emphasis in original).

⁹ It is unclear why he received a 12-week program’s certificate of completion when he had been enrolled from April 2023 to November 2023.

This appears to be yet another instance in which the Individual engaged in minimization if not outright dishonesty.

As part of the clearance application process, the Individual underwent an evaluation by DOE Psychologist No. 2. Ex. 8 at 49–85. As part of the evaluation, DOE Psychologist No. 2 conducted a clinical interview with the Individual; reviewed the Individual’s personnel file; and reviewed same-day PEth and urine test results, which returned negative. *Id.* at 52. DOE Psychologist No. 2 made note of the numerous inconsistencies in the Individual’s various self-reports of his cocaine use and noted that the Individual regularly used cocaine in conjunction with drinking alcohol. *Id.* at 53–54. As discussed above in Section IV(d), DOE Psychologist No. 2 also noted that the Individual during his interview had denied seeing DOE Psychologist No. 1’s 2023 Report, despite plain evidence to the contrary. *Id.* at 56. DOE Psychologist No. 2 found the Individual met sufficient criteria for diagnoses of AUD, Severe, and Stimulant (Cocaine) Use Disorder, Severe. *Id.* at 59–60. Furthermore, despite his negative alcohol and drug test results, DOE Psychologist No. 2 found the Individual’s self-report to be unreliable. *Id.* at 60. DOE Psychologist No. 2 ultimately found that the Individual had not sufficiently demonstrated rehabilitation or reformation given the Individual’s admission that he had not followed through on the recommendations of DOE Psychologist No. 1—specifically attendance in an IOP and aftercare for a total of one year in treatment; regular AA attendance; and monthly PEth and UDS testing for alcohol and drug use. *Id.*

To demonstrate rehabilitation or reformation, DOE Psychologist No. 2 provided the following recommendations to the Individual in his August 2025 Report:

Rehabilitation: To adequately demonstrate evidence of rehabilitation[,] [the Individual] could enroll in and complete an intensive outpatient treatment program (IOP) for alcohol use disorder and for stimulant use disorder. After completion of the IOP he could consistently engage in weekly aftercare support for 12 months[] and submit monthly negative PEth tests results and monthly negative UDS tests results for cocaine The program should have group and individual therapy components.

If [the Individual] decides not to participate in an IOP, then he could actively participate in AA (or another evidence-based treatment approach such as SMART, Motivation-Enhanced Therapy, or 12-Step Facilitation Therapy) for 18 months, to include documented attendance of four meetings a week, meeting with a sponsor, and showing evidence of working the 12-Step program. To provide evidence of abstinence, he should provide monthly negative PEth tests results and monthly negative UDS tests results for cocaine over the 18-month period.

Reformation: As evidence of reformation, [the Individual] could demonstrate control of his alcohol consumption and cocaine consumption by remaining abstinent for 24 months. To document abstinence, he would need to submit monthly negative PEth test results and monthly negative UDS tests results for cocaine over the 24-month period.

Id. at 61.

f. The Individual's Actions Subsequent to Receiving the 2025 Report, Character Testimony, and Related Evidence

The 2025 Report was issued to the Individual in September 2025 with the Notification Letter. Ex. 1 at 9. The Individual then started attending AA; the Individual submitted an attendance sheet reflecting he had been to thirty-one sessions between October 2025 and December 2025. *See* Ex. H at 1. His AA Sponsor also testified that the Individual was continuously attending AA as of the hearing date. Tr. at 58–59. The AA Sponsor also attends the church-based group mentioned in Section IV(d) and confirmed that the Individual still participates in that activity. *Id.* Again, the Individual acknowledged that the church-based group “has no specific substance use treatment or support component [].” Ex. 8 at 56. Furthermore, the Individual’s Sponsor, who participates in the church-based group with the Individual, could not recall if the Individual ever discussed his alcohol and drug abuse issues with the church-based group. Tr. at 82–83.

The Individual’s AA Sponsor testified at the hearing that the Individual had made great progress in his recovery. *Id.* at 59–62. However, the Individual’s AA Sponsor shared that the Individual “had a drink with his wife because it was her birthday” and estimated that he was told this occurred “a couple months ago.” *Id.* at 62–63. When asked about this incident, the Individual testified that this drink actually occurred in October 2024 when he had a “sip of [his] wife’s beer on her birthday.” *Id.* at 96–97. The story then changed in his later testimony: “She ordered a margarita. That’s what it was.” *Id.* at 117.

In addition to his internally contradictory testimony, that the Individual drank any alcohol in October 2024 also directly conflicts with his earlier reports to the LSO and DOE Psychologist No. 2 that he last drank alcohol in February 2023. *Cf.* Ex. 6 at 28 (June 2025 LOI Response); Ex. 8 at 55 (August 2025 Report after July 2025 clinical interview). When given the opportunity to clarify why he had misreported, he explained that “it was just a sip” and thus he “didn’t snap to it” or “didn’t think it was a full glass” Tr. at 134–35. During the hearing, DOE Psychologist No. 2 made clear that he “specifically asked about most recent use” but the Individual “denied alcohol use since February 23 of 2023.” *Id.* at 155. Similarly, the LSO’s question was quite unambiguous: “[D]escribe your alcohol consumption Date you last consumed alcohol[.]” Ex. 6 at 27–28 (emphasis added); *see also id.* at 30 (“I was advised to stay away from drugs and alcohol and haven’t touched either since [treatment].”). The above—in conjunction with the manifest inconsistencies in the record—casts rather large doubts on the Individual’s credibility.

This incident also undermines the credibility of his Wife’s testimony. At the hearing, she emphasized that the Individual had “absolutely not” used illegal drugs or drank alcohol since going to the IOP and that he no longer goes out to environments where he used to drink alcohol and do cocaine. *Id.* at 45, 53. She also observed that the Individual would tell people, “No, no, I’m good” when offered drinks at social gatherings. *Id.* at 43. Absent from her testimony was any mention of the above incident in which she specifically offered him alcohol and he acquiesced. Her observations offer little probative value. I also find the Father’s testimony to offer little probative value where his Father admitted that he “didn’t really know the extent of the use that was going on” and where he believed that the Individual had no problems with drugs or alcohol after the

Individual’s daughter was born, approximately five years ago. *Id.* at 33–35. *But see* Ex. 6 at 29–34 (Individual admitting he had a sought treatment for drug and alcohol use in February 2023, only about three years ago).

From October 2025 through December 2025, the Individual attended a six-week alcohol awareness and education course led by the EAP Counselor. Ex. L at 7; *see also* Ex. I at 1 (certificate of completion). As of February 2026, the Individual had completed six of twelve weeks of an abstinence maintenance course also led by the EAP Counselor. Ex. L at 7. At the hearing, the EAP Counselor testified that the Individual had shared that he had “really learned to open up and identify with other men that also struggled with similar issues” and found him to be making good progress in his recovery. Tr. at 18–19. She described the Individual as an “an active participant in both group classes as evidenced by his tracking, alertness, interaction with other participants, and his honesty about his history of drug and alcohol use and his subsequent journey of sobriety and recovery.” Ex. I at 1. However, it is unclear if the Individual had honestly shared about his most recent relapse or if the EAP Counselor had access to the Individual’s records providing inconsistent statements about his alcohol and drug use.

To demonstrate his cocaine and alcohol abstinence, the Individual provided the following negative test results.

Table 1: Negative Drug Testing

Sample Collected/Test Type	Date Sample Collected	Detection Period	Source
“Fingernail clippings and shavings tested (Up to 6 month timeframe)”	10/3/2025	From about Apr. 2025 to Oct. 2025	Ex. D at 1
“Hair 5 Drug Panel & Extended Opiates” ¹⁰	11/10/2025	From about Aug. 2025 to Nov. 2025	Ex. F at 1
“Nail + ETG [ethyl glucuronide] Finger Nails” ¹¹	2/16/2026	From about Aug. 2025 to Feb. 2026	Ex. K at 1

¹⁰ The website of the laboratory that conducted this test reflects that “the industry standard is to test 1.5 inches of head hair for approximately 90 days of history.” Omega Laboratories’ Approach, *Omega Laboratories* (<https://www.omegalaboratories.com/testing/hair-testing>) (last visited Apr. 13, 2026).

¹¹ The website of the laboratory that conducted this test reflects that a drug test on fingernail samples detects a history of usage of “[u]p to [approximately] 6 months[.]” State-of-the-Art Drug Testing Options, *United States Drug Testing Laboratories* (<https://www.usdtl.com/forensic-testing/testing-services/compare>) (last visited Apr. 13, 2026).

Table 2: Negative Alcohol Testing

Sample Collected/Test Type	Date Sample Collected	Detection Period	Source
“Fingernail clippings and shavings tested (Up to 6 month timeframe)”	10/3/2025	From about Apr. 2025 to Oct. 2025	Ex. C at 1
PEth test	10/10/2025	From about Sept. 2025 to Oct. 2025	Ex. E at 1
“Nail + ETG [ethyl glucuronide]” ¹²	12/11/2025	From about Sept. 2025 to Dec. 2025	Ex. G at 1

The Individual certified in his June 2025 LOI Response that he had no intention to consume alcohol or use illegal drugs in the future. Ex. 6 at 31, 33. The Individual testified that he is on Step 4 of AA’s Twelve-Step program. Tr. at 93. He further testified that it is his intention to continue taking his medication for his depression but that even if he were to stop taking his medication, he would not return to drug and alcohol use. *Id.* at 100–01. From his treatment, the Individual feels “closer to God,” has learned to identify triggers, and realizes that he “can’t do it [drugs and alcohol] again.” *Id.* at 102. He indicated that, when he feels any craving for alcohol, he now has sparkling water. *Id.* at 118. He also testified that when others offer him alcohol in social spaces, he simply refuses and “gets away from it”—notwithstanding the October 2024 relapse. *Id.* at 119. His wife testified that they keep alcohol in his home. *Id.* at 42.

g. DOE Psychologist No. 2’s Updated Opinion and Testimony

At the hearing, DOE Psychologist No. 2 reiterated that the Individual met the diagnostic criteria for AUD, Severe, and Stimulant (Cocaine) Use Disorder and restated his recommendations for demonstrating rehabilitation or reformation as outlined in Section IV(e). Tr. at 138–40. Regarding the recommended testing, DOE Psychologist No. 2 testified that the tests the Individual had taken were not in alignment with his recommendations and he could not conclude that those test results demonstrated abstinence from cocaine and alcohol consumption. *Id.* at 140–41, 146, 150–51. He explained that negative results on all the testing—PEth, nail, hair, and urine—would not necessarily mean that somebody has not used any alcohol or drugs. *Id.* at 141, 153 (explaining that a PEth test measures “less than chronic use” but that one could still drink alcohol once and test negative on a PEth test).

DOE Psychologist No. 2 also explained that he had recommended that the Individual either (1) attend further IOP treatment and IOP aftercare for 12 months or (2) attend AA for 18 months—despite his prior inpatient treatment and IOP in 2023. *Id.* at 147–52. DOE Psychologist No. 2 explained that he recommended such extensive long-term treatment considering the probability of relapse generally. *Id.* at 147 (“[T]he relapse rates within the first 12 months of discontinuing alcohol use are about 50%”). DOE Psychologist No. 2 highlighted the Individual’s particular history of “attempting to discontinue alcohol and cocaine use multiple times, and not doing so, which increases the likelihood of relapse and increases the necessity of longer[-]term aftercare and

¹² The website of the laboratory that conducted this test reflects that a “Fingernail (EtG)” detects a history of usage of “[u]p to [approximately] 3 months[.]” State-of-the-Art Drug Testing Options, *United States Drug Testing Laboratories* (<https://www.usdtl.com/forensic-testing/testing-services/compare>) (last visited Apr. 13, 2026).

support.” *Id.* at 148. The Individual had not met those requirements as of the hearing date. *Id.* at 149, 152.

When asked specifically about the Individual’s October 2024 relapse, DOE Psychologist No. 2 expressed concern about the efficacy of his prior treatment and the Individual’s environment: “[I]t becomes hard to see how the treatment that he has been in had a long-term benefit for him It doesn’t sound like an environment supportive of abstinence.” *Id.* at 154. DOE Psychologist No. 2 explained that he has a prognosis scale of poor, fair, and good, and that he gave the Individual a “less than fair” but “better than poor” prognosis for both cocaine and alcohol use. *Id.* at 155–56 (explaining that the prognosis was for both diagnoses since he used both substances “in combination”).

DOE Psychologist No. 2 further explained that honesty was correlated with rehabilitation and reformation: “The more honest you are, the more likely you are to be engaged in effective rehabilitation or reformation.” *Id.* at 157. DOE Psychologist 2 observed that the Individual had not been truthful in his clinical interview and at the hearing based on the numerous inconsistent statements he has made. *Id.* at 141–42; *see also id.* at 156–57 (“[I]t’s honestly difficult to understand what the true level of usage was”).

V. ANALYSIS

Based on the record before me, I do not find that the Individual has mitigated the LSO’s security concerns. I first address the Guideline G concerns and then the Guideline H concerns.

a. Guideline G

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 the first mitigating condition, I cannot make a reliable determination on the recency, frequency, or circumstances surrounding the Individual's alcohol use. At several junctures, he insisted that he had not had any alcohol since February 2023. However, even after having attended inpatient treatment and an IOP in 2023, the Individual relapsed. The Individual claims this occurred in October 2024—but he simply cannot be trusted where he appears to have purposely hidden this from the LSO and DOE Psychologist No. 2 and likely would have not discussed this use of alcohol but for his AA Sponsor mentioning the incident.

Despite DOE Psychologist No. 2's recommendation that the Individual undergo PEth testing, the Individual only provided one PEth test result and relied primarily on nail testing to support his claimed alcohol abstinence from April 2025 to December 2025. However, the record lacks any development or expert interpretation as to the sensitivity of those tests. In the absence of information as to what level of alcohol consumption they can specifically detect, I cannot infer that the test results show alcohol abstinence. Given the numerous inconsistencies I have outlined in the findings of fact, and the Individual's decision to deviate from the recommendations of DOE Psychologist No. 2, I simply cannot credit the Individual's account of his alcohol use and cannot find the tests that he provided sufficiently corroborate or demonstrate abstinence.

Even if I were to credit these test results—a finding I decline to make—lab-tested sobriety from April 2025 to December 2025 offers little assurance the Individual has resolved the alcohol-related concerns. Eight months of abstinence is dwarfed by the Individual's history of maladaptive alcohol use starting with the two, 2004 DWIs and culminating in his 2023 inpatient treatment and IOP and 2024 post-treatment relapse. I cannot find his problematic alcohol use to be “infrequent”; to have occurred “so long ago”; or to have occurred in “unusual circumstances” considering the Individual's two decades of alcohol-related issues.

Furthermore, I cannot find the Individual's alcohol use unlikely to recur, where he admitted to relapsing in 2024 following his earlier 2023 treatment. His alcohol use also continues to cast doubt on his reliability, judgment, and—in particular—his trustworthiness, where the Individual obscured his most recent alcohol use during this clearance process and prior to the hearing. Mitigating condition (a) does not apply.

For similar reasons, I cannot find the second mitigating condition satisfied. I cannot find that the Individual acknowledged his pattern of maladaptive alcohol use given the information found in several parts of the record. First, in his 2025 QNSP, the Individual disclaimed any negative relationship with alcohol despite his AUD diagnosis; treatment in an inpatient treatment program and IOP; his admission to treatment providers that he was drinking to the point of blacking out multiple times per month, as recently as 2023; issues with his family; and previous suspension of his clearance. Then, the Individual continued to obscure his alcohol use from the LSO and DOE Psychologist No. 2 by maintaining that he had not consumed any alcohol since February 2023. The Individual's most recent known relapse with respect to alcohol use—purportedly in October 2024—was not uncovered until the day of the hearing. It can hardly be said that the Individual has “acknowledged” the problem when he continues to obscure and minimize the extent of his alcohol use issues.

The Individual has also provided insufficient evidence of actions taken to overcome the problem. DOE Psychologist No. 2, in the 2025 Report, provided specific recommendations with respect to (1) attending an IOP then aftercare for 12 months or (2) attending AA or a similar mutual support group for 18 months. The Individual has not enrolled in an IOP since receiving the 2025 Report and has not attended an adequate period of AA. Furthermore, DOE Psychologist No. 2 suggested that the Individual could demonstrate abstinence through regular PEth testing, which the Individual has not provided. Considering the circumstances under which the Individual's October 2024 relapse was revealed, and his history of minimizing his substance misuse, I find it highly plausible that he has relapsed more times than he has admitted. Last, I agree with DOE Psychologist No. 2 that honesty about drug and alcohol usage would provide evidence of the efficacy of rehabilitation and reformation. I found honesty lacking throughout this proceeding. For those reasons, I do not believe that the Individual's pattern of abstinence is clearly established or that sufficient actions have been undertaken to overcome the problem. Mitigating condition (b) does not apply.

Regarding the third mitigating condition, the Individual is not currently enrolled in a treatment program and has a history of relapse. Mitigating condition (c) does not apply.

Regarding the fourth mitigating condition, the Individual had completed an inpatient treatment program and an IOP in 2023. However, as stated repeatedly above, the Individual's abstinence has not been clearly established where he obscured a relapse that he claims occurred in October 2024 and has not submitted to PEth testing in accordance with DOE Psychologist No. 2's recommendations. Mitigating condition (d) does not apply.

Given the above, the Individual has not mitigated the concerns raised under Guideline G.

a. Guideline H

Conditions that could mitigate Guideline H security concerns include:

- (a) The behavior happened so long ago, was so infrequent, or happened under such circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;
- (b) The individual acknowledges his or her drug involvement and substance misuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence, including, but not limited to:
 - (1) Disassociation from drug-using associates and contacts;
 - (2) Changing or avoiding the environment where drugs were used; and
 - (3) Providing a signed statement of intent to abstain from all drug involvement and substance misuse, acknowledging that any future involvement or misuse is grounds for revocation of national security eligibility;
- (c) Abuse of prescription drugs was after a severe or prolonged illness during which these drugs were prescribed, and abuse has since ended; and

- (d) Satisfactory completion of a prescribed drug treatment program, including, but not limited to, rehabilitation and aftercare requirements, without recurrence of abuse, and a favorable prognosis by a duly qualified medical professional.

Adjudicative Guidelines at ¶ 26.

Regarding mitigating condition (a), I cannot determine how “long ago” or how “frequent” the drug use occurred given that the Individual lacks credibility and provided an unreliable accounting of his drug use. Records reflect that the Individual indicated he first used cocaine in 2007 or 2017. At various points, he stated it occurred “once or twice” or a “handful” of times prior to him receiving a clearance in 2019. Then, while holding a clearance, he began using cocaine again; depending on the source, it started occurring again in 2022 or in 2023. When meeting with DOE Psychologist No. 1 in 2023, he told her he used only “twice” in his lifetime—which he later admitted was “untruthful” in a 2023 written statement. He later denied having provided false information to DOE Psychologist No. 1, maintaining he had been confused. At the hearing, he explained that when he started using again four or five months before his February 2023, inpatient care, he started using cocaine once per month and then later with increasing frequency. Treatment notes indicate three-to-four times monthly. Taken together, I cannot find his cocaine use “infrequent.”

I also do not find his cocaine use to be “so long ago.” I must consider that the Individual reported that he started using the drug in 2007 or 2017, which continued into 2023. This is either a six-year or sixteen-year duration of cocaine use and relapse that far exceeds the three years of purported abstinence that the Individual has claimed. I also note that the three years of abstinence must be viewed in the context of the Individual’s claim that he stopped using cocaine in 2018 but then started using again three years later in 2022. I am not confident that the Individual’s cocaine use is unlikely to recur given the time passed and the frequency of use.

With respect to the circumstances surrounding his cocaine use, I highlight that the Individual had used cocaine prior to having his clearance; used cocaine while having a clearance; and continually obscured the true extent of his cocaine use to the agency, two DOE Psychologists, and his treatment providers. The circumstances surrounding his use reflect poorly on his judgment, reliability, and trustworthiness. For the reasons stated above, mitigating condition (a) does not apply.

Regarding the second mitigating condition, the Individual acknowledged some of his cocaine use. Additionally, his Wife testified he no longer goes to environments where he used to get drugs. However, I again emphasize that the Individual clearly has not acknowledged the full extent of his drug use and continues to be an unreliable narrator as to the extent of his drug use. I again emphasize (1) my agreement with DOE Psychologist No. 2 that honesty would have shown it to be more likely the Individual was engaged in rehabilitation or reformation and (2) that I found the Individual to have lacked honesty throughout this proceeding. Furthermore, his submitted laboratory testing hardly provides an “established” pattern of abstinence for the reasons stated above. .

Last, the Individual certified in writing his intention to remain abstinent from drug use in his June 2025 LOI Response. However, the Individual's credibility is significantly impaired given his numerous inconsistent statements undermining the general reliability of any sworn, certified statement. I particularly note that the Individual had previously sworn to an investigator under oath in April 2022 that he had no intention to use cocaine in the future. Only a few months later, he used cocaine. I cannot credit his June 2025 statement of intent. Mitigating condition (b) does not apply.

Mitigating condition (c) lacks application, as the concerns raised do not include abuse of prescription drugs.

The fourth mitigating condition does not apply. I have evidence that the Individual attended an inpatient treatment program and an IOP. I note that at the intake of his IOP he was found to be "ingenuine." This lack of sincerity in his treatment appears to have led to the actual treatment providers to have modified the length of the Individual's treatment from that initially recommended. DOE Psychologist No. 2 recommended that the Individual might demonstrate rehabilitation by enrolling in an IOP with aftercare for a 12-month period or by attending AA for 18 months. He has neither enrolled in another IOP nor attended AA for a satisfactory period. The Individual was given a prognosis between poor and fair for his alcohol and drug use diagnoses. Mitigating condition (d) does not apply.

Given the above, the Individual has not resolved the security concerns asserted by the LSO under Guideline H.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the DOE's possession to raise security concerns under Guidelines G and H 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 Notification Letter under Guidelines G and H. Accordingly, I find the Individual has not demonstrated that granting his security clearance would not endanger the common defense and would be clearly consistent with the national interest. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Andrew Dam
Administrative Judge
Office of Hearings and Appeals