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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: June 23, 2026	)	Case No.: PSH-26-0135
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	)	

Issued: November 19, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (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 be restored.

I. Background

In February 2026, the Individual's coworker reported to the Local Security Office (LSO) that the Individual had sought inpatient treatment at a facility to "[a]ssist with symptoms from discontinued use of Kratom." Exhibit (Ex.) 6 at 22.[2] The report indicated that the Individual expected to be at the facility for thirty days, and that he had previously received treatment from October 2025 to November 2025. *Id.* at 21–22. The Individual's access to the site was restricted the same day. *Id.* at 23.

The Individual was asked to complete two Letters of Interrogatory (LOI) at the request of the LSO, which he signed and completed in February 2026 and March 2026. Ex. 7; Ex. 8. In the first LOI, the Individual disclosed that he sought treatment at an inpatient facility in another state from October 2025 through November 2025, because he was using the substance 7-

[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] This Decision will refer to the PDF page number when citing to exhibits submitted by the LSO.

Hydroxymitragynine (7-OH).[3] Ex. 8 at 31. He explained that he began using the substance in May 2025 in a recreational capacity, and by August 2025, he had become physically dependent on the substance and was using the substance daily. *Id.* Because he believed that he should go through detox under medical supervision, he sought professional help in October 2025. *Id.* At the time of his treatment, he also attended Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings. *Id.* He explained that he had purchased the substance from "smoke shops" and that he had not reported his use to DOE, as 7-OH is not an illicit substance. *Id.* at 31–32.

In his second LOI, the Individual disclosed that he had voluntarily sought inpatient care a second time in January 2026 to continue treating his dependence on 7-OH. Ex. 7 at 25. The Individual sought treatment a second time because he suffered a relapse. *Id.* Further, following his discharge from inpatient treatment, he was attending AA/NA meetings four times per week, and attending individual therapy between one to two times per week. *Id.* at 27.

At the behest of the LSO, the Individual underwent a psychological evaluation conducted by a DOE-consultant psychologist (DOE Psychologist) in April 2026. Ex. 9 at 42. The DOE Psychologist issued her report the same month, in which she opined that the Individual suffered from Opioid Use Disorder, Severe.[4] *Id.* at 49. In conjunction with the psychological evaluation, the Individual submitted to two urine drug tests, a 10-panel substance use test, and because the 10-panel test did not test for 7-OH, a test specifically designed to detect the use of 7-OH. *Id.* at 47–48. The results of both tests were negative. *Id.* at 48.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created a substantial doubt regarding his eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline H (Drug Involvement and Substance Misuse) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of his therapist from an intensive outpatient program (IOP) for substance abuse and his fiancée. *See* Transcript of Hearing, OHA Case No.

[3] 7-OH is "a terpenoid indole alkaloid found in trace amounts in the leaves of . . . the tropical tree known as [K]ratom." International Society of Substance Use Professionals, What Is 7-OH? The Emerging Opioid Threat Addiction Professionals Need to Understand in 2026, https://www.issup.net/node/33941#what-is-7oh (last accessed November 16, 2026).

[4] The DOE Psychologist noted that 7-OH is a "semi-synthetic opioid." Ex. 9 at 44. The International Society of Substance Use Professionals described the substance as "opioid-like." International Society of Substance Use Professionals, What Is 7-OH? The Emerging Opioid Threat Addiction Professionals Need to Understand in 2026, https://www.issup.net/node/33941#key-takeaways (last accessed November 16, 2026).

PSH-26-0135 (hereinafter cited as "Tr."). The Individual submitted eleven exhibits marked as Exhibits A through K. The DOE Counsel submitted twelve exhibits marked as Exhibits 1 through 12.

II. Notification Letter

Under Guideline H of the Adjudicative Guidelines, the illegal use of controlled substances and "the use of other substances that cause physical or mental impairment . . . can raise questions about an individual's reliability and trustworthiness, both 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 law, rules, and regulations." Adjudicative Guidelines at ¶ 24. Conditions that could raise a security concern under Guideline H include "diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of substance use disorder." *Id.* at ¶ 25(d). Under Guideline H, the LSO alleged that the DOE Psychologist diagnosed the Individual with Opioid Use Disorder, Severe, without adequate evidence of rehabilitation or reformation.[5] Ex. 1 at 5. The LSO's invocation of Guideline H is 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).

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[5] The LSO also alleged that the Individual admitted that from May 2025 to October 2025, he had been using the "illegal substance . . . 7-OH, and that he purchased the substance and used it daily from August 2025 to October 2025." Ex. 1 at 5. It went on to state that the Individual "used this illegal substance while holding a DOE Q clearance[.]" *Id.* On July 7, 2026, the Drug Enforcement Administration (DEA) issued a Notice of Intent in the Federal Register to temporarily move 7-OH above a specified threshold to Schedule I of the Controlled Substances Act. Federal Register, Schedules of Controlled Substances: Temporary Placement of 7- Hydroxymitragynine and Mitragynine Pseudoindoxyl Above a Specified Threshold in Schedule I, https://www.federalregister.gov/documents/2026/10/14/2026-20943/schedules-of-controlled-substances-temporary-placement-of-7--hydroxymitragynine-and-mitragynine (last accessed November 16, 2026). DEA withdrew the aforementioned Notice of Intent on October 14, 2026, and issued another Notice of Intent on the same day in the Federal Register regarding 7-OH, stating its intention "to issue [a] new temporary scheduling order placing 7-hydroxymitragynine and mitragynine pseudoindoxyl when either substance alone, or their combined amount if both are present, is above a specified threshold in [S]chedule I." *Id.* The state in which the Individual resides has not made the use of 7-OH illegal. *Id.* The Notification Letter was issued to the Individual in May 2026. Ex. 1 at 7. 7-OH was not illegal at the time the Individual used 7-OH or when the Notification Letter and SSC were issued to the Individual, and therefore, I cannot conclude that he used an "illegal substance" presenting a concern under the Adjudicative Guidelines at ¶ 25(c) or (f).

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 so as 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

The Individual indicated that he began using Kratom once per week, "on a weekend night[,]" in 2023. Ex. 9 at 46. He acknowledged that although he was using once per week, the amount he was using on a weekly basis had increased by the end of 2023, and in 2024, he began using the substance twice per week. *Id.* In 2024, he changed jobs, altering his work schedule, and by the fall of 2024, the Individual had four weekend days to use Kratom. *Id.* at 47. At this point, he was using 30 g of Kratom each of the four weekend days. *Id.* In 2025, the Individual realized that he had become physically dependent on Kratom, and his symptoms included shaking, difficulty concentrating, upset stomach, and decreased energy and appetite when he was not using. *Id.* He acknowledged that in 2025, he was using between 1 g or 2 g to "take the edge off" before work, and by the summer of 2025, the Individual was using 1 g to 2 g at work. *Id.*

In June 2025, he was on a trip with his fiancée, which required air travel. *Id.* He stated that because he could not use Kratom on the plane, he decided to use 7-OH.[6] *Id.* By October 2025, the Individual was taking 3,000 mg of 7-OH on his days off. *Id.* Again, he realized that he had become dependent on the substance and opted to seek inpatient treatment. *Id.* The Individual's inpatient care from October 2025 to November 2025 was a thirty-day program, which he successfully completed. Ex. 9 at 44, 47; Ex. G. At the inpatient facility, the Individual underwent a medical detox before he started daily group therapy and weekly individual therapy sessions. Ex. 9 at 47. The program consisted of three to three-and-a-half hours of classes seven days per week. Tr. at 77–78. While at the facility, he also attended virtual AA meetings. Ex. 9 at 47.

The Individual was discharged in November 2025 and relapsed three days later, using 30 mg of 7-OH. *Id.* He testified that he "should have known [that he] needed more help and more structure" following his discharge, but the treatment center made no such recommendation. Tr. at 73. By January 2026, the Individual was using 1,000 mg to 2,000 mg of 7-OH on his days off from work and between 200 mg and 250 mg on the days he was scheduled to work. Ex. 9 at 47. The Individual explained that he used the substance on workdays to avoid withdrawal symptoms. *Id.*

[6] The Individual stated that he did not know that 7-OH was addictive before he began using it. Tr. at 103. He had been told that it was an organic substance that was not addictive, as it was "from the Kratom family[.]" *Id.* It was not until much later that he learned that the substance has the same effect that morphine does. *Id.* He testified that he takes responsibility for his naiveté. *Id.* The Individual has no desire to use any designer drugs in the future. *Id.* at 104–05.

At the end of January 2026, the Individual admitted himself into a different thirty-day inpatient treatment program.[7] *Id.* at 44, 47. Again, he underwent medical detox before beginning the programming. *Id.* at 47. The Individual completed the program in February 2026. *Id.* at 44, 47; Ex. H. The Individual testified that he has been abstinent from 7-OH since his admission into inpatient treatment in late January 2026. Tr. at 72. The program consisted of six hours of classes, daily. *Id.* at 80. The Individual also testified that he received individual therapy and that he was "lucky" because he was able to secure three sessions of individual counseling per week, instead of one, because his therapist liked him. *Id*. at 74–75, 80.

After the Individual returned home from his second round of inpatient treatment, he "reached out to an in-coverage therapist within three days" of coming back home and secured an appointment for March 2026.[8] *Id.* at 75–76, 84. He saw his therapist once per week for ninety minutes. *Id.* at 76, 85. He also notified his employer's Employee Assistance Program (EAP) of his second inpatient treatment, and EAP referred him to an IOP. Ex. 9 at 44, 47. An intake at the IOP was scheduled for early April 2026. *Id.* at 44, 47. He also continued attending four AA/NA meetings per week. *Id.* at 47.

In the April 2026 report, the DOE Psychologist concluded that the Individual met the diagnostic criteria for Opioid Use Disorder, Severe.[9] *Id.* at 49. In coming to this conclusion, the DOE Psychologist noted that the Individual "spent a great deal of time in activities necessary to use 7-OH[,] as he used throughout the day including while at work." *Id.* She also stated that the Individual had a strong desire to use the substance and he "used in markedly increased amounts to achieve the same effect." *Id.* He began using the substance on workdays after he experienced physiological symptoms of withdrawal, and he became physically dependent on the substance. *Id.* He also experienced "unsuccessful efforts to cut down" on his 7-OH use following his inpatient care that lasted from October 2025 to November 2025, as he suffered a relapse three days after his discharge. *Id.* The DOE Psychologist also concluded that his "[r]ecurrent substance use resulted in a failure to fulfill major role obligations at work." *Id.*

The DOE Psychologist opined that in order for the Individual to show adequate evidence of rehabilitation, he must attend and successfully complete an IOP and complete the program's aftercare component, and his treatment should last for a period of twelve months. *Id.* He should also participate in individual therapy with a provider who specializes in treating substance abuse for a period of twelve months. *Id.* The Individual should undergo monthly 7-OH testing. *Id.* Alternatively, if the Individual opted to show adequate evidence of reformation, he should submit

[7] This program is described as an "abstinence-based, solution-focused treatment facility that utilizes evidence-based therapeutic practices and a 12-step immersion model." Ex. H. Further, "each patient's length of sta[y] [is] determined by clinical and medical necessity." *Id.* The Individual was subject to random drug testing and alcohol screenings during his stay. *Id.*

[8] The Individual stopped seeing his "in-coverage" therapist when he began an IOP in April 2026. Tr. at 76, 84.

[9] As indicated above, the Individual submitted to two drug tests in conjunction with the psychological evaluation. He first submitted to a 10-panel substance use test. Ex. 9 at 47. The 10-panel test was designed to confirm the presence of substances like "amphetamines, benzodiazepines, cannabinoid[s] . . . and phencyclidine." *Id.* However, as noted in the DOE Psychologist's report, 7-OH was not tested in the 10-panel test. *Id.* at 48. Accordingly, the Individual was asked to submit to a "test specifically for 7-OH." *Id.* The results for both tests were negative. *Id.*

to monthly 7-OH testing for eighteen months, and "demonstrate lifestyle changes with effective coping mechanisms." *Id.*

The Individual completed the intake assessment for his chosen IOP in mid-April 2026.[10] Ex. F. He enrolled in the program in April 2026 and completed the IOP in August 2026. Ex. E; Ex. F. The sixteen-week IOP consisted of three, three-hour group meetings every week and one individual therapy session every week.[11] Tr. at 17. Following his completion of the IOP, the Individual began the regular outpatient program (ROP), which is a twelve-week program to continue receiving treatment in a "clinically appropriate" manner. Ex. F. The ROP is a "stepdown program" that requires attendance once a week for ninety minutes. Tr. at 27. It also required continued weekly individual therapy sessions. *Id.* A late September 2026 letter from the Individual's IOP therapist indicates that she believes the Individual "does not meet criteria for an active substance use concern at this time and his current diagnosis is in remission status." Ex. F. He is projected to complete the ROP in November 2026. *Id.* After the ROP, the Individual intends to continue to see his ROP therapist, but "use her services in her private practice." Tr. at 77. Further, the Individual submitted a signed statement indicating that he intends to "abstain from all illegal drug use, misuse, or other involvement with controlled substances." Ex. D. He also stated that he understood that "future drug misuse may constitute grounds for the revocation or denial of national security eligibility." *Id.*

The Individual's IOP therapist testified that 7-OH "is a newer substance" and "does not have its own specific diagnosis." Tr. at 36. With respect to the Individual's participation in the IOP, she explained that the Individual was "always on time[,]" communicative, and an "active participant." *Id*. at 25–26. She described their sessions as "productive" and noted that the Individual has been a support to other participants. *Id.* at 26. Part of the Individual's treatment plan covered the issue of how the Individual came to use his substance of choice "as a coping mechanism." *Id.* at 30. Accordingly, they are able to discuss healthier coping mechanisms "for both internal or emotional triggers as well as external triggers or different stressors." *Id.* The Individual was able to explore how his substance use "impacted his work" and his "relationship with others." *Id.* By understanding "the framework" in which substance abuse occurred, he is able to think about and understand "the steps to prevent any further involvement with substance use." *Id.* For example, the Individual was taught how to identify individual emotions, as opposed to general feelings of discomfort. *Id.* at 31. Further, he has been given the tools to regulate his emotions. *Id.* The Individual exercises, goes on walks, and writes in his journal to cope with stressors. *Id.* The Individual's support group includes his fiancée, friends, parents, and other family members.[12] *Id.*

[10] The Individual decided to attend an IOP because he needed a plan beyond attending AA/NA following his return from inpatient treatment. Tr. at 88. He wanted the structure that the program offered. *Id.*

[11] Group therapy meetings employ the cognitive behavioral therapy model, and a workbook is utilized to teach participants about "relapse prevention skills and early recovery skills." Tr. at 17, 19–20, 22–23. Individual therapy sessions are designed to help "create a treatment plan, a relapse prevention plan, and continue to check in with the client on the topics that are covered in group[.]" *Id.* at 24. Attendees are required to actively participate in order to complete the program. *Id.* at 24–25.

[12] The Individual feels comfortable reaching out to these individuals when he "genuinely [does not] know what to do in a situation[.]" Tr. at 98.

Following the completion of the ROP, the Individual will be "encouraged to participate in either community-based counseling for additional support" or "continue with the [r]ecovery [c]enter[.]" *Id.* at 33. The therapist explained that the Individual is in "early remission" but is "not too far off from being in what [they] consider sustained remission[.]" *Id.* at 34. She ended her testimony by indicating that the Individual's prognosis is "very positive" and that his risk of relapse is "minimal."[13] *Id.* at 37–38.

The Individual's fiancée of two-and-a-half years testified that in 2025, when the Individual "began to struggle with substance use," she was contemplating ending the relationship, as she has "zero tolerance" for substance use. *Id.* at 45–46. She does not "deal with any of that in [her] home." *Id.* at 46. She admitted that she had never heard of 7-OH prior to the Individual's use, and she "[could not] really figure out what [7-OH] was for a long time." *Id.* When she understood that the Individual's 7-OH use was problematic, she asked the Individual to leave her home. *Id.* She explained that she realized that the Individual was struggling with substance use when she found the substance in his belongings while they were traveling. *Id.* She took a photo of the substance, researched it, and confronted the Individual, which resulted in an argument.[14] *Id.* The Individual's fiancée explained that the Individual "[did not] feel it was a problem at the time" but she did. *Id.* Through their discussions, the Individual concluded that he needed to get treatment in October 2025. *Id.* at 47. They did not live together for approximately two to three months, and during that time, the Individual was in treatment for thirty days. *Id.* She explained that the treatment the Individual received in October 2025 was "a little concerning" because the program did not recommend any follow-up care. *Id.* at 48. However, she felt that the treatment that the Individual sought in January 2026 was "significantly better quality[.]" *Id.* She stated that he had connected with his therapist at the second inpatient treatment facility, which helped him "explor[e] his mental health and addiction." *Id.* at 52. The Individual's fiancée has noticed positive changes in the Individual since he stopped using 7-OH. *Id.* at 49. She stated that he is physically and mentally healthier, is more patient, and can effectively express himself. *Id.* When asked whether she would be able to tell if the Individual had started using substances again, the Individual's fiancée explained that it would be very apparent to her, as she "know[s] all the tricks" involved in keeping usage hidden. *Id.* at 53. If he started using again, she would call the Individual's mother and therapist and work on getting the Individual into a treatment program. *Id.* at 53–54. She believes that she is an emotional support to the Individual and they discuss his sobriety, triggers, and mental health regularly. *Id.* at 55. They have discussions about stress management, so she understands that it may be difficult for the Individual to manage stress without substances, but because they have open communication, they can implement therapeutic techniques together. *Id.* at 65.

Importantly, the Individual's fiancée testified that after the Individual's discharge from treatment in February 2026, she researched and found an at-home urine test for 7-OH, as this substance does not show up in a standard drug panel.[15] *Id.* at 56. She explained that she felt compelled to test the

[13] The Individual's therapist clarified that the risk of "relapse is never zero." Tr. at 39.

[14] The Individual's fiancée explained that the substance is readily available and sold where they live. Tr. at 52. In fact, she stated that people use it as a substitute for coffee or marijuana. *Id.*

[15] The Individual submitted a drug test order history. Ex. K. January 15, 2026, was when the first order for tests was placed, which was before the Individual completed treatment in February 2026. *Id.* The Individual's fiancée wanted

Individual herself because she has two children for whom she is responsible. *Id.* She has been purchasing the tests regularly, and when she first started testing the Individual, she was asking him to test once per day. *Id.* More recently, the Individual has been taking the test voluntarily, to "show evidence that he [has not] been using." *Id.* She said that the tests have been "negative every time." *Id.* When asked about how the Individual takes the tests, she explained that she will go into the bathroom with the Individual and monitor the testing process from start to finish. *Id.* at 57. "[E]very step [will] happen before [her] eyes." *Id.* Sometimes, when she is having an emotionally difficult time, the Individual will take more than one test in a day. *Id.* Now, the Individual's fiancée only experiences fleeting worries that the Individual will use again. *Id.* at 64–65.

The DOE Psychologist testified that based on the testimony and the record before her, the Individual is "on an incredibly good trajectory." *Id.* at 116. In coming to this conclusion, she noted his IOP participation, his support network, the fact that he is able to take lessons from therapy, understands his triggers, and has insight into what caused his use. *Id.* at 116–17. Further, she was satisfied by the fact that he has a plan to continue attending therapy following his discharge from the ROP. *Id.* at 117. The only concern the DOE Psychologist had was the fact that the Individual had not completed drug testing administered by someone other than his fiancée. *Id.* However, the DOE Psychologist noted that the Individual's fiancée watches him take the test "from start to finish[,]" which she thought was "really good." *Id.* She did not have any concerns about the Individual's candor, so when asked whether she doubted the Individual's claim that he had been sober since the end of January 2026, the DOE Psychologist indicated that she did not. *Id.* at 118. Although she acknowledged that the Individual is doing very well, she opined that not enough time had passed to show rehabilitation or reformation, as the Individual remains in early remission. *Id.* at 119. She believes he will be in sustained remission in January 2027, as his diagnosis was considered "severe." *Id.* She believes that he has an excellent prognosis, as he has "shown commitment." *Id.* at 120.

V. Analysis

Conditions that could mitigate Guideline H 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 or 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

to be in possession of the tests upon his return. Tr. at 59. She ordered between 75 to 150 tests every time she placed an order. *Id.*; Ex. K.

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(a)–(d).

The Individual's use of 7-OH presents a specific context under Guideline H, as the substance at issue was legally purchased and was not subject to DEA scheduling at the time the Notification Letter was issued. While the conduct did not involve the use of an illegal controlled substance or the breach of any written illegal drug abstention agreement, Guideline H nonetheless encompasses the use of substances that cause impairment or lead to dependence. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "the nature, extent, and seriousness of the conduct" and "the circumstances surrounding the conduct" in applying the mitigating conditions). In this case, the record demonstrates that the Individual developed a physical dependence and a severe substance use disorder involving 7-OH, which constitutes the primary security concern at issue in this case.

The DOE Psychologist testified that while the Individual was doing well and had a good prognosis, not enough time had passed for him to be in sustained remission, and because not enough time had passed, she could not conclude that he had shown adequate evidence of rehabilitation or reformation. While I understand the DOE Psychologist's concern over the passage of time, it is not dispositive in this matter. As an initial matter, the DOE Psychologist recommended testing. While this recommendation would be productive under other circumstances, in this case, it posed an unreasonable challenge. When the Individual took a drug test the first time in conjunction with the psychological evaluation, the test was not adequate for substances like 7-OH. Accordingly, he was sent a second time to be tested for 7-OH, specifically. The DOE Psychologist knew that drug panels do not usually test for 7-OH, but it did not alter her recommendation for testing. Irrespective of the difficulty in testing for the substance, the Individual's fiancée implemented her own testing schedule using a 7-OH test that she researched prior to the Individual's completion of inpatient treatment in early 2026. Considering that the Individual's fiancée purchased the tests months before the psychological evaluation, at which time neither the Individual nor his fiancée could have known that the Individual would be recommended to undergo 7-OH testing by the DOE Psychologist, I assign greater credibility to her account of the at-home testing than I would have had the Individual presented uncorroborated claims of negative at-home tests conducted after receiving the DOE Psychologist's recommendations. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "other relevant and material factors" in applying the mitigating conditions). His fiancée testified to having implemented strict testing requirements, which included keeping her eyes on the Individual the entire time he took the test, and to having implemented an even more strict zero-tolerance policy in her home for the sake of herself and her children. Based on the information before me, I find that the at-home tests constituted sufficient testing, and as I find the

Individual's fiancée a credible witness, I am accepting her testimony that all at-home tests were negative.

The record also strongly supports the conclusion that the Individual's motivations for remaining abstinent not only include his desire to remain with his fiancée, but also his desire to also remain healthy, both physically and mentally. Further, I am heartened by the fact that the Individual learned from his first inpatient treatment experience. He identified the treatment's shortcomings, namely, that it did not have an aftercare program. While it is unfortunate that he relapsed following his first experience with inpatient treatment, he knew what he wanted from his second inpatient treatment, which included more dedicated attention from his individual therapist. He also knew that he needed dedicated support following his discharge from his second round of inpatient treatment, prompting him to seek out a therapist in March 2026 and participate in an IOP from April 2026 to August 2026. At the time of the hearing, he was still participating in the ROP and had every intention of securing a therapist after completing the ROP. These are the actions of someone who intends to remain abstinent. He voiced the very same sentiment in a signed statement, professing his dedication to remaining abstinent and expressing his understanding that it is a security concern. He has the insight that he needs with respect to his triggers and how to quell them. He has a strong support system, and he remains active in his treatment. These are all encouraging and strong protective factors. I find that the Individual has mitigated the stated concerns pursuant to mitigating factors (b).

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline H of the Adjudicative Guidelines. After considering all the evidence, 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 brought forth sufficient evidence to resolve the Guideline H concerns set forth in the SSC. Accordingly, the Individual has demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals