

DATE: November 30, 2006

In re:

SSN: -----

Applicant for Security Clearance

CR Case No. 05-03275

DECISION OF ADMINISTRATIVE JUDGE

ELIZABETH M. MATCHINSKI

APPEARANCES

FOR GOVERNMENT

Braden M. Murphy, Esq., Department Counsel

FOR APPLICANT

Pro se

SYNOPSIS

Applicant abused marijuana to the point of diagnosed cannabis dependence from October 1994 to December 1999. She also abused prescription drugs between 1994 and 1996, LSD from August 1995 to December 1996, cocaine and psilocybin in 1996, and heroin in 1997. Personal conduct and criminal conduct concerns related to her failure to disclose her drug use accurately on her SF 86 are mitigated. Alcohol consumption concerns persist where she consumed alcohol to intoxication as recently as January 2006 after being advised to reduce the level of drinking because of her history of binge drinking and frequent intoxication. Clearance is denied.

STATEMENT OF THE CASE

The Defense Office of Hearings and Appeals (DOHA) declined to grant or continue a security clearance for Applicant. As required by Department of Defense Directive 5220.6 ¶ E3.1.2 (Jan. 2, 1960), as amended, DOHA issued a Statement of Reasons (SOR) on December 14, 2005, detailing the basis for its decision—security concerns raised under Guideline E (Personal Conduct), Guideline J (Criminal Conduct), and Guideline G (Alcohol Consumption) of the Directive. Applicant filed an undated Answer to the SOR, received by DOHA on February 3, 2006, and elected to have a hearing before an administrative judge. The case was assigned to me on March 14, 2006.

With the consent of the parties, I convened a hearing on June 7, 2006, to consider whether it is clearly consistent with the national interest to grant or continue a security clearance for Applicant. Seven government exhibits (Ex. 1-7) were admitted and testimony was taken from Applicant, as reflected in a transcript (Tr.) received on June 16, 2006.

FINDINGS OF FACT

DOHA alleged under Guideline E that Applicant deliberately falsified her June 29, 2000 security clearance application (SF 86) by failing to fully disclose her treatment for illegal drug abuse from December 1996 to January 1997, as well as her involvement with drugs (heroin, Valium, Percocet, Xanax, cocaine, and psilocybin) in addition to listed marijuana and LSD during the 1994 to 1999 time frame. Applicant was also alleged to have falsely claimed in a May 2003 sworn

statement that she had been drug free since January 1997. The alleged falsification of her SF 86 was cross-referenced as a felony violation of 18 U.S.C. § 1001 under Guideline J. Applicant was alleged under Guideline G to have abused alcohol at times to excess and intoxication from approximately 1997 to at least October 2005.

In her Answer, Applicant admitted the drug use and treatment as alleged, but denied any deliberate falsification of her SF 86 or her sworn statement. She also admitted drinking at times to excess as alleged. After a thorough review of the pleadings, exhibits, and transcript, I make the following findings of fact:

Applicant is a 27-year-old defense contractor employee who has worked on a U.S. military installation since March 2000. She stayed on in her job as an administrative assistant when her first employer lost the contract in August 2002. In June 2005, she took a new administrative position with another employer on the base. She seeks a security clearance for her duties.

Applicant has a history of mental health issues (depression and anorexia) and substance abuse. She began using alcohol at age 13 with friends, but after she got ill from drinking, she abstained for the next two years. Applicant spent her first year of high school from September 1993 to June 1994 in a private school where she was introduced to marijuana. She smoked it on a few occasions out of curiosity.

Following her parents' divorce when she was 15, Applicant lived with her father and attended public high school. She drank alcohol about twice a month, three to five drinks (mostly beer) per occasion. The following year, her drinking increased to twice weekly, six to ten drinks (beer and vodka) at a time. She drank in this pattern for the next five years or so.

Applicant smoked marijuana on a daily basis during her sophomore and junior years, regularly skipped school, and received several detentions. She purchased marijuana regularly from friends at school, pitching in \$10 to \$20 per week for her share. Applicant also began to use other illegal drugs during this period. She tried opium twice. She used LSD before going to school, during road trips and/or otherwise hanging out with friends, two to three times per week for about six months and then once per month for an additional three or four months, on occasion in conjunction with marijuana. She stopped using LSD in December 1996 after two bad experiences. On one occasion, she took ten hits of the drug and experienced paranoia and hallucinations. Applicant purchased the LSD from friends at school.

In the eleventh grade, Applicant used cocaine two to four times per week for about two months.⁽¹⁾ She disliked the paranoia it caused, and found it too costly to continue. Applicant tried hallucinogenic mushrooms about five times as well, splitting a \$30 bag with a friend. After becoming physically ill from the drug twice, she decided to forego any future involvement. Applicant also abused prescription drugs (Percocet, Klonopin, Valium primarily) on about 25 occasions that she obtained from her friends.

In about September 1996, Applicant began dating a heroin abuser who trafficked in illegal drugs. From about October 1996 to early December 1996, she used heroin with varying frequency, intravenously on at least one occasion. She terminated her relationship with his boyfriend after he broke into a home where she babysat regularly. During this same period, she also used LSD on weekends and marijuana three to six times per week.

Her drug abuse had a negative effect on her studies. She tried to attend an alternative program offered at the school for academic support but she was not accepted after failing a urine screen. The school referred her to an outpatient therapist affiliated with the city's youth commission in November 1996. Applicant met with this therapist, a licensed clinical social worker (LCSW), about twice per week for about a month starting November 12, 1996. She was diagnosed as suffering from depression, anxiety, eating disorder, and substance abuse disorder. Applicant proved to be extremely cooperative in treatment, was honest, and willing to change her behaviors, but she continued to use LSD and marijuana.

With the encouragement of her outpatient therapist, Applicant was admitted to a short term inpatient substance abuse treatment program on December 20, 1996. She reported an onset of substance abuse at age 14 with an escalation of marijuana smoking to daily, although her current pattern was somewhat less (three to six times weekly). She revealed use of other drugs beginning at age 16, including prescription pills, LSD, and hallucinogenic mushrooms, and cocaine for about six weeks and heroin for about two months up to daily at age 17. Applicant reported drinking six to eight beers

a few times per month, which she denied was a problem. She was diagnosed on Axis I with polysubstance abuse, opiate abuse, cannabis dependence, panic disorder with agoraphobia, depressive disorder (rule out), and eating disorder not otherwise specified by history. Applicant participated in daily psychoeducational groups, nightly Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, three times weekly individual therapy, weekly family therapy, and daily behavioral modification and milieu therapy. Actively engaged in her treatment, Applicant used the program to gain skills to return to the community. She began to identify some addictive behaviors in herself regarding her drug use, admitted she was psychologically addicted to marijuana and other drugs ("was consumed by the goal of getting high"), and recognized places and people as triggers to relapse. On January 10, 1997, she was discharged to live with her mother and her mother's boyfriend, to continue on Paxil medication for depression, and to attend an intensive outpatient aftercare program along with three or four AA or NA meetings per week in the community. If the structured day program proved unsuccessful, a longer residential program of approximately three months was recommended.

Applicant participated in the outpatient program, consisting of three times weekly sessions, for about one month. She "messed up" once while in the aftercare program; she skipped a meeting and got high on marijuana. On completion, she attended NA several times a week for a good six months. She continued to drink twice per week, six to ten beers and/or vodka, but she refrained from using any illegal drugs for the next six to eight months.

On April 23, 1997, Applicant had a final session with her former therapist with the community youth services. The therapist was very impressed by her progress, and gave her a very good prognosis. Applicant also saw a psychiatrist twice a week from 1997 to fall 2000.

From January 1997 to June 1998, Applicant attended the public high school in the locale where she lived with her mother and her mother's boyfriend. In fall 1997, she resumed smoking marijuana several times per month while continuing to drink socially. After graduating in June 1998, she got a job as an imaging technician. She used marijuana five to ten times over the next few months. Wanting a change, she moved in about November 1998 to another state where she initially resided with a high school friend's family and then with a boyfriend. In April 1999, she and her boyfriend returned to her former state of residence, where they leased an apartment together. She smoked marijuana twice, the last time being in December 1999. She realized that she no longer had the need nor the desire to continue using marijuana or any other drug, but her boyfriend continued to associate with illegal drug users.

In January 2000, Applicant and her boyfriend were notified by the apartments' business manager that they were in violation of their lease because someone was smoking marijuana in their apartment. Applicant's boyfriend had parties in their apartment where friends of his used marijuana. On March 15, 2000, they were given a final notice that they were in breach of their lease as marijuana was used in the apartment the night before, and a complaint had been made of loud noise or music coming from the apartment late in the evening. After their lease was not renewed in May 2000, Applicant and this boyfriend terminated their relationship and he moved from the area.

On about March 7, 2000, Applicant started working as a defense contractor employee on a U.S. military installation. She was given a security clearance application (SF 86) to fill out by a company vice president who provided no guidance. On her SF 86 executed on June 29, 2000, Applicant responded "Yes" to both parts of question 19 concerning her medical record ["In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?"] and ["Did the mental health related consultation(s) involve only marital, family, or grief counseling not related to violence by you?"]. She did not list her drug treatment because she read the question as covering mental health issues and not drugs, which were otherwise covered under question 27. In response to question 27, she listed use of marijuana "OFTEN" from October 1, 1994 to December 1, 1999, and LSD "OFTEN" from August 1, 1995 to December 15, 1996. She did not disclose her abuse of heroin, psilocybin, cocaine, or prescription drugs because she was embarrassed:

And I have to admit, the first time I filled out the SF86 it was quite intimidating. I was 20 years old, I didn't have any guidance, and I think I just got really scared, I was embarrassed, and slightly ashamed, and I think I just froze up and didn't exactly--I don't know about that, but I was more forthcoming with the signed statement in February of 2001.

(Tr. 31-32) She responded affirmatively to question 29 ["In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant,

stimulant, hallucinogen, or cannabis for your own intended profit or that of another?"]], but gave no specifics.

On February 13, 2001, Applicant was interviewed by a special agent of the Defense Security Service (DSS). Applicant averred her mental health counseling had been for depression and eating disorders as well as for family matters related to her parents' divorce. She disclosed her drug rehabilitation treatment, which she mistakenly indicated was from December 1997 to January 1998. Asked why she omitted it from her SF 86, Applicant told the agent she could not recall having been prompted to list it. Applicant detailed for the agent her abuse of various drugs from age 14 to her last use of marijuana in December 1999. In addition to the previously disclosed marijuana and LSD use, Applicant disclosed past involvement with cocaine, heroin, and hallucinogenic mushrooms ("In addition to the drugs I listed on my security forms, I want to be completely truthful which I was not during the compilation of drug information supplied originally."). Applicant added she had been involved from September to December 1997 [sic] with a boyfriend who had abused heroin and trafficked in the drugs, but she had no current association with drug users, including the "tough crowd" of her sophomore and junior years of high school. She acknowledged coworkers were unaware of her past involvement with illegal drugs, but denied any susceptibility to blackmail. She also denied alcohol had ever been a problem for her.

Over the next two years, she consumed alcohol once a week, usually four to six drinks but on occasion 10 drinks. Applicant was reinterviewed by the DSS agent on May 12, 2003. Applicant volunteered that she had consulted with a mental health professional from Fall 2002 to December 2002 for depression, and was on medication monitored by her primary care physician. Applicant corrected the dates of her drug rehabilitation, and indicated that any errors in dates of treatment or drug use given during her previous interview were inadvertent. After discussing her aftercare counseling of January 1997, Applicant stated:

I am extremely proud to say that I have not had any drug relapses since that time. I have not used or been involved in any way with illegal substances. It is my intentions [sic] to stay drug free in the future. I stopped going to NA meetings because I was doing so well and had no desire to use drugs. I have completely changed my life, all for the better. (Ex. 3)

Applicant used no illegal drugs after her interview. She continued to drink socially once or twice per month, usually two to four drinks at a sitting, but on occasion up to six drinks. As of October 2005, she was drinking alcohol to intoxication about once a month. In therapy with a licensed clinical social worker for anxiety and depression since January 2005, Applicant had not been told that she had to stop drinking.

In September 2005, DOHA requested Applicant undergo a substance abuse evaluation by a credentialed medical professional. On October 30, 2005, Applicant was evaluated by a licensed alcohol and drug counselor (LADC) on staff of an outpatient substance abuse services program affiliated with a nonprofit agency licensed by the state department of public health. The counselor saw no evidence to contradict Applicant's self-report of a last use of illegal drugs in 1999, when she was 20 years old. As for her alcohol use, Applicant admitted to the counselor a history of hangovers, blackouts, binge drinking, frequent intoxication, and use of alcohol to deal with anger, depression, sadness, boredom, stress, and to get high. The LADC assessed Applicant as exhibiting some rationalization with respect to her alcohol use, but that she had consumed alcohol less often and in lesser quantity in the past two years. Overall, she presented as "working on getting her life in order." The counselor recommended Applicant continue with her current therapy and reduce the number of drinks consumed per occasion. Applicant drank to intoxication twice after her evaluation, the last time in January 2006 when she consumed four to six beers at a birthday party for a friend.

In January 2006, Applicant was placed on Effexor 250 mg. daily for depression by her primary care physician. Her doctor has not told her that she cannot drink while on Effexor, but there is a warning on the prescription label. Applicant has found that she does not enjoy the same effect from alcohol that she did before the Effexor ("it just makes me feel kind of sick, and I get really tired." Tr. 86). She continues to consume alcohol (beer or wine) with others in her close knit social circle, one or two usually but up to four drinks a couple times per month when out at a concert or similar event with friends. Applicant had a couple of drinks at parties or concerts since January 2006 where she felt "buzzed." (Tr. 78) As of early June 2006, Applicant was spending about \$25 to \$30 per month on alcohol. She had a bottle of vodka in her freezer. She likes the taste of certain beers but does not plan to increase her consumption levels. To the best of her knowledge, none of the individuals with whom she presently socializes uses any illegal drug.

POLICIES

"[N]o one has a 'right' to a security clearance." *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has "the authority to . . . control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy to occupy a position . . . that will give that person access to such information." *Id.* at 527. The President authorized the Secretary of Defense or his designee to grant applicants eligibility for access to classified information "only upon a finding that it is clearly consistent with the national interest to do so." Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960). Each security clearance decision "must be a fair and impartial common sense determination based upon consideration of all the relevant and material information and the pertinent criteria and adjudication policy." Directive ¶ 6.3. An applicant "has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance." ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002).

Enclosure 2 of the Directive sets forth personnel security guidelines, as well as the disqualifying conditions (DC) and mitigating conditions (MC) under each guideline. In evaluating the security worthiness of an applicant, the administrative judge must also assess the adjudicative process factors listed in ¶ 6.3 of the Directive. The decision to deny an individual a security clearance is not necessarily a determination as to the loyalty of the applicant. *See* Exec. Or. 10865 § 7. It is merely an indication the applicant has not met the strict guidelines the President and the Secretary of Defense have established for issuing a clearance.

CONCLUSIONS

Guideline E--Personal Conduct

Conduct involving questionable judgment, untrustworthiness, unreliability, lack of candor, dishonesty, or unwillingness to comply with rules and regulations could indicate that the person may not properly safeguard classified information (¶ E2.A5.1.1). Applicant disclosed on her June 2000 SF 86 that she abused LSD often from August 1995 to December 1996 and marijuana often from October 1994 to December 1999. Countering that evidence of candor was her deliberate omission of her involvement with cocaine, hallucinogenic mushrooms (psilocybin), heroin, and the prescription drugs Xanax, Percocet, and Valium (¶ 1.b). Disqualifying condition (DC) ¶ E2.A5.1.2.2. *The deliberate omission, concealment, or falsification of relevant and material facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine security eligibility or trustworthiness, or award fiduciary responsibilities*, is implicated.

The government alleges Applicant also falsified her SF 86 by failing to list her drug treatment in response to the medical record inquiries (¶ 1.a). It could reasonably be inferred from her affirmative answer to the second part of question 19, whether the mental health consultation involved only marital, family, or grief counseling, that Applicant was covering up her drug rehabilitation treatment. However, she testified she did not read the question as pertaining to drug treatment. I find her explanation persuasive. Nowhere on the SF 86 is the clearance applicant asked specifically to report drug treatment, which is in contrast to the alcohol inquiry in question 30. She was only 20 when she filled out the form, 21 when she signed it, had no prior experience with the questionnaire, no help from security officials when filling it out, and the focus of question 19 is on consultation for "a mental health related condition." Although she did not list all of her illegal drug involvement in response to question 27 concerning use of illegal drugs since age 16, her disclosure of marijuana use "OFTEN" to December 1999, within six months of her SF 86, lends credibility to her denial of any intentional concealment of her drug treatment.

The government also did not prove that Applicant lied in a sworn statement provided to the DSS on May 12, 2003, by maintaining that she had not had any drug relapses or used any illegal substances since her last drug treatment in January 1997 (¶ 1.c). In her sworn statement (Exhibit 3), Applicant did not specifically say she had not used any illegal drugs since her last drug treatment. Applicant stated, "I am extremely proud to say that I have not had any drug relapses **since that time**" (emphasis added). (Ex. 3) An inference of denial of drug use since 1997 could be fairly drawn since this statement follows, albeit in a new paragraph, a discussion of her January 1997 drug treatment. However, Applicant countered persuasively that she viewed this May 2003 statement as an extension of her previous interview with the same agent, wherein she had already disclosed her marijuana use to December 1999. She had not meant to infer that her drug

use stopped on her admission to the drug rehabilitation program. Whereas she had already indicated on her SF 86 and during her February 2001 interview with the same agent that she had used marijuana to December 1999, she would have had nothing to gain by denying the relapses in May 2003. Applicant had already indicated in her May 2003 sworn statement that with respect to dates of treatment and drug involvement previously provided to the agent, they were as accurate as possible based on her recollection. It is clear she was looking at the second interview as an opportunity to update information.

Concerning the Guideline E mitigating conditions, her omission of her heroin, cocaine, and prescription drug abuse from her SF 86 would appear to fall within ¶ E2.A5.1.3.2. *The falsification was an isolated incident, was not recent, and the individual has subsequently provided correct information voluntarily.* Her June 2000 omission was not recent and she volunteered previously omitted information about her drug use during her February 2001 interview with the DSS agent because she wanted to be "completely truthful." (Ex. 2, p. 6) However, the DOHA Appeal Board has long held that where the disclosures are of information that was the subject of an earlier falsification, ¶ E2.A5.1.3.3. *The individual made prompt, good faith efforts to correct the falsification before being confronted with the facts,* is the proper guideline to consider and not ¶ E2.A5.1.3.2. (see ISCR Case No. 03-07839, App. Bd. May 17, 2005; ISCR Case No. 01-06166, App. Bd. Oct. 25, 2001; and ISCR Case No. 97-0289, App. Bd. Jan. 22, 1998). Applicant showed good faith in making full disclosure of her past drug abuse during her first DSS interview, apparently before the agent had the drug treatment records. Had the agent the records during the first interview, it stands to reason she would have challenged Applicant's recollection of the treatment having been from December 1997 to January 1998 rather than a year earlier.

As to whether Applicant's rectification of February 2001 was sufficiently prompt for purposes of ¶ E2.A5.1.3.3, the DOHA Appeal Board has declined to provide a "bright line" definition of the term prompt. Citing court opinions holding that prompt means to act within a reasonable time, the Board held that what constitutes acting in a reasonable time will depend on the facts and circumstances of the particular case. (ISCR Case No. 99-0201, App. Bd. Oct. 12, 1999). Applicant deliberately left off some drugs from her SF 86. Yet, she placed the government on notice that she had used illegal drugs in the past by listing the two substances used the longest. There is no evidence that she was aware that she could have contacted the DSS agent herself to provide information that she had omitted. She was only 21, in her first defense job, and had no assistance from security personnel. When provided the first opportunity in February 2001, she held nothing back about her drug problem. An eight month delay in her case does not raise the concern that it would if she had prior experience with the process or had revealed nothing about her illegal drug involvement on her SF 86.

Guideline J--Criminal Conduct

A history or pattern of criminal activity creates doubt about a person's judgment, reliability, and trustworthiness (¶ E2.A10.1.1). Although her involvement with illegal drugs could have subjected her to criminal prosecution, the government did not allege any criminal conduct concerns because of her disregard of the drug laws, presumably because it occurred before she reached 21 and there has been no recurrence since December 1999. Her knowingly inaccurate response to question 27 on her SF 86 constituted felony conduct in violation of 18 U.S.C. § 1001, however. ⁽²⁾ Under the criminal conduct guideline, DC ¶ E2.A10.1.2.1. *Allegations or admission of criminal conduct, regardless of whether the person was formally charged,* is raised. However, Applicant's omission of material facts concerning her drug use is mitigated by the passage of time (¶ E2.A10.1.3.1. *The criminal behavior was not recent*), the absence of recurrence of any similar misconduct (¶ E2.A10.1.3.2. *The crime was an isolated incident*), and her candor about her drug abuse during her subject interviews and at her hearing (¶ E2.A10.1.3.6. *There is clear evidence of successful rehabilitation*).

Guideline G--Alcohol Consumption

Nothing in the Directive prohibits drinking per se. Rather, it is the excessive consumption of alcohol that often leads to the exercise of questionable judgment, unreliability, failure to control impulses, and increases the risk of unauthorized disclosure of classified information due to carelessness (¶ E2.A7.1.1). When evaluated at the request of DOHA, Applicant admitted to a history of excessive drinking with blackouts, binge drinking, frequent intoxication. After she stopped abusing illegal drugs, she decreased her involvement with alcohol to once per week, but drank in excessive amount, four to six drinks, on occasion as many as ten drinks, enough to become intoxicated (three to four drinks by her admission, see Ex. 6). From 2003 to October 2005, she drank to the point of intoxication once per month when

socializing with friends. Applicant consumed enough alcohol to where her judgment was impaired on an occasion in late fall 2005 (Tr. 91) and she became drunk after consuming four to six drinks at a friend's birthday party in January 2006. Applicant had a couple of drinks at parties or concerts since where she felt "buzzed." (Tr. 78) Applicant reported drinking as of June 2006 usually one or two glasses of beer or wine when having dinner at friends' houses, but as many as three or four drinks when out, like at a concert (Tr. 80), a couple times per month (Tr. 89). Alcohol has not had any impact on Applicant's work or attendance since her early 20s, and there is no evidence of recent blackouts. She has never had an alcohol-related incident away from work. Although diagnosed with polysubstance abuse, she has never been given a separate diagnosis of alcohol abuse. Yet, she admits a history of consumption to at least 2003 that would fall within ¶ E2.A7.1.3.5. *Habitual or binge consumption of alcohol to the point of impaired judgment.* (3) Ten drinks at a sitting is clearly binge drinking.

It is not clear from the evidence whether Applicant consumed alcohol to intoxication at the birthday party in January 2006 before or after she went on Effexor. She found the combination of Effexor and alcohol makes her sick, but continues to consume alcohol in quantities of more than one or two drinks a couple times a month and in lesser quantity a few more times. While this drinking would not ordinarily raise a concern given her still young age and the absence of any negative social, occupational, or legal consequence, Applicant has a history of polysubstance abuse that has to be taken into account when evaluating whether it is clearly consistent with the national interest to grant her access. Her decision to continue to drink while on Effexor and knowing alcohol is a depressant is troubling ("there are some days when I am depressed, and some days I do go out and I'll have a couple of drinks with some friends after work or something, with dinner . . ." Tr. 84) Not explained at the hearing is why she had a bottle of vodka in her freezer if her drink of choice is beer or wine (Tr. 80). The changes she has made in her behavior supportive of sobriety in the last six months (¶ E2.A7.1.3.3) are not enough to overcome the risk of a future episode of abusive drinking.

Whole Person Analysis

"The adjudicative process is an examination of a sufficient period of a person's life to make an affirmative determination that the person is eligible for a security clearance." (¶ E2.2.1.) The security risks presented by Applicant's deliberate concealment of certain illegal drug use from her SF 86 and her abuse of alcohol over the years to as recently as January 2006 (*see* ¶ E2.2.1.1. *The nature, extent, and seriousness of the conduct*), must be evaluated in the context of the "whole person." She was only 20 when she had to complete the SF 86 and was understandably embarrassed about her past (*see* ¶ E2.2.1.4. *The individual's age and maturity at the time of the conduct*). Despite her still relatively young age, Applicant overcame a very serious drug problem, and she deserves significant credit for her candor about that problem when she was interviewed by the DSS agent in February 2001 and May 2003 (*see* ¶ E2.2.1.6. *The presence or absence of rehabilitation and other pertinent behavioral changes*). She also showed very good judgment in pursuing therapy on her own for her mental health issues. Had Applicant not made these very significant changes, she would not have been able to hold down her job as a defense contractor employee for some six years. She has not shown the same insight and commitment to change with respect to her alcohol consumption, however. After being advised to reduce her consumption levels, she twice drank to the point where her judgment was impaired. The government must be assured that those persons with clearances can be counted on to exercise due care at all times, even when not at work. Based on the record before me, I am unable to conclude at this time that it is clearly consistent with the national interest to grant Applicant access to classified information.

FORMAL FINDINGS

The following are my conclusions as to each allegation in the SOR:

Paragraph 1. Guideline E: FOR APPLICANT

Subparagraph 1.a: For Applicant

Subparagraph 1.b: For Applicant

Subparagraph 1.c: For Applicant

Paragraph 2. Guideline J: FOR APPLICANT

Subparagraph 2.a: For Applicant

Paragraph 3. Guideline G: AGAINST APPLICANT

Subparagraph 3.a: Against Applicant

DECISION

In light of all of the circumstances in this case, it is not clearly consistent with the national interest to grant or continue a security clearance for Applicant. Clearance is denied.

Elizabeth M. Matchinski

Administrative Judge

1. She told the DSS agent in February 2001 that she used cocaine approximately two to four times a week over a two month period, exact dates not recalled, during her junior year of high school. (Ex. 2) ore recently, she indicated during her substance abuse evaluation of October 2005 that she used cocaine twice a week for six months and that she stopped using it when she was 18. (Ex. 6) To the best of her recollection, the February 2001 account is accurate. (Tr. 42)

2. 18 U.S.C. § 1001 provides in part:

(a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both.

3. The Directive does not define binge drinking. The U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) defines binge drinking as five or more drinks on the same occasion at least once in the past 30 days.