DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The National Epidemiologic Survey on Alcohol and Related Conditions

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: The National Epidemiologic Survey on Alcohol and Related Conditions. *Type of Information Collect Request:* New. *Need and Use of Information Collection:* This study will determine the incidence and prevalence of alcohol used disorders in a representative sample of the United States population with the primary purpose of estimating the extent and distribution of alcohol consumption, alcohol use disorders and their associated psychological and medical disabilities across major sociodemographic subgroups. The primary objectives of this first wave of this longitudinal study is to understand the relationships between alcohol consumption, alcohol use disorders and their related disabilities with a view towards designing more effective treatment and intervention programs. The findings will provide valuable information concerning: (1) Trends in alcohol use disorders and their related disabilities in subgroups of the population of special concern; (2) identification of subgroups at high risk for alcohol use disorders that may be complicated by associated psychological and medical disabilities; (3) incidence of alcohol use disorders and their Associated disabilities with a view toward understanding their natural history; (4) treatment utilization of alcohol use disorders in order to determine unmet treatment need and linguistic, social, economic and cultural barriers to treatment; (5) the college-aged segment of the population at high risk for binge drinking and its adverse consequences; and (6) the identification of safe and hazardous levels of drinking as they relate to the development of alcohol use disorders and their associated disabilities. *Frequency of Response:* On occasion. *Affected Public:* Individuals *Type of Respondents:* Adults. *Estimated Number of Respondents:* 48,000; Estimated Number of Responses per Respondent: 1; *Average Burden Hours Per Response:* 1.00; and *Estimated Total Annual Burden Hours Requested:* 48,000. The annualized cost to respondents is estimated at: $576,000.00. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collection; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electric, mechanical, or other technical collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Bridget Grant, Chief, Biometry Branch, Division of Biometry and Epidemiology, NIAAA, NIH, Willco Building, Suite 514, 6000 Executive Boulevard, Bethesda, Maryland 20892–7003, or call non-toll-free number (301) 443–7370 or E-mail your request, including your address to *Bgrant@willco.niaaa.nih.gov.*

Comments Due Date:

Comments regarding this information collection are best assured of having their full effect if received on or before December 18, 2000.

Dated: October 4, 2000.

Stephen Long,

Executive Officer, NIAAA.

[FR Doc. 00–26583 Filed 10–16–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Requested; Evaluation of National Youth Anti-Drug Media Campaign

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute on Drug Abuse of the National Institutes of Health will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget for review and approval.

Proposed Collection

Title: Evaluation of National Youth Anti-Drug Media Campaign. *Type of Information Collection Request:* Revision. *Need and Use of Information Collection:* In 1998, the White House Office of National Drug Control Policy transferred funds to NIDA to conduct an independent, scientifically designed and implemented evaluation of the National Youth Anti-Drug Media Campaign, the first prevention campaign to use paid advertising to discourage youth from drug use. The study is assessing the outcomes and impact of the national campaign in reducing illegal drug use among children and adolescents.

In the first year, two surveys were conducted: (1) The National Survey of Parents and Youth (NSPY), a cross-sectional household survey; and (2) the Community Longitudinal Study of Parents and Youth (CLSPY) in four communities with an ethnographic component. The purpose of this revision is to discontinue the CLSPY and incorporate its longitudinal component into the NSPY to maximize resources and strengthen analytic ability. The revised NSPY will be the first to measure the effectiveness of a media campaign by following a large nationally-representative cohort of parents and children from the same household as they are exposed to a media campaign over time. All data will continue to be collected using a combination of computer-assisted personal interviews (CAPI) and audio computer-assisted self-interviews (ACASI). The findings form the basis of semiannual and annual reports on campaign progress. These reports provide assistance in improving the national campaign, and will help to establish a rich data base of information about the process involved in changing

attitudes and behaviors by the mass media.

Frequency of Response: The revised NSPY data collection will continue over a four-year period, ending in June 2003. Each data collection wave will last approximately 6 months. *Affected public:* Individuals and households. *Type of Respondents:* Children and parents. The annual reporting burden, which will drop substantially from the original design, is as follows:

RESPONDENT AND BURDEN ESTIMATE

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total burden hours requested	Estimated annualized burden 1/1/01–5/31/02
Revised National Survey of Youth and Parents (Baseline 1/1/01–5/31/01)					
Screener Respondent	15,498	1	.06	930	[1] 620
Youth 9–11	738	1	.60	443	[1] 295
Teens 12–18	1,189	1	.73	868	[1] 579
Parents	1,369	1	.92	1,259	[1] 840
National Survey of Parents and Youth (Longitudinal 1/1/01–5/31/02)					
Screener Respondent	4,739	1.2	.06	341	[3] 227
Youth 9–11	1,403	1.2	.60	1,010	[3] 673
Adolescents 12–18	4,553	1.2	.90	3,934	[3] 2,622
Parents	4,334	1.2	.90	4,680	[3] 3,120
Total	[2] 33,823	.....	.26	13,465	8,976

[1] Interviewing of revised NSPY baseline respondents begins 1/01; earlier baseline data collected from 11/99–12/00.
[2] Some number of screener respondents are later also selected for a parent interview. The exact overlapping proportion cannot be estimated at this time.
[3] Follow-up of NSPY respondents from the earlier baseline data collected (11/99–12/00) begins 1/01.

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. Because of the sensitivity of collecting data from families in households involving children as young as 9 years old, and the importance of minimizing costs for repetitive, return visits to obtain respondent cooperation, IDA provides a reasonable cost incentive to reimburse respondents for their time, as approved by OMB.

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed revision in the data collection is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed revision, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Susan David, Project Officer; Division of Services, Epidemiology and Prevention Research, National Institute on Drug Abuse, Room 5153, MSC 9589, 6001 Executive Blvd., Bethesda, MD 20892–9589; or call non-toll-free number (301) 443–6504; or fax to (301) 443–2636; or email your request, including your address, to: Sdavid@nida.nih.gov.

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received on or before December 18, 2000.

Dated: October 2, 2000.

Laura Rosenthal,

Executive Officer, NIDA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Virus-Like Particles as Unlinked Adjuvants

John Schiller, Bryce Chackerian, Joseph Lee, Douglas Lowy (NCI), DHHS Reference No. E–231–00/0 filed 20 Jul 2000.

Licensing Contact: Peter Soukas; 301/496–7056 ext. 268; e-mail: soukasp@od.nih.gov

This invention claims immunostimulating or vaccine compositions in which non-infectious virus-like particles (VLPs) serve as unlinked adjuvants. Co-administration of VLPs with an antigen enhances induction of high titer IgG antibodies to self or foreign antigens and promotes T cell responses to foreign antigens. The