

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone conference call).

Contact Person: Stephen M. Nigida, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4212, MSC 7812, Bethesda, MD 20892, 301-435-1222, [nigidas@csr.nih.gov](mailto:nigidas@csr.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: August 10, 2005.

**Anthony M. Coelho, Jr.,**

Acting Director, Office of Federal Advisory Committee Policy.

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**BILLING CODE 4140-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Proposed Project: 2006 National Survey on Drug Use and Health—(OMB No. 0930-0110)—Revision**

The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the

prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

For the 2006 NSDUH, additional questions are being planned regarding self-help drug treatment, use of additional hallucinogens, prescription drugs and over the counter medications, respondent's place of residence, and alcohol consumption practices. To maintain the respondent burden at 60 minutes per interview, a few questions will be deleted. The remaining modular components of the questionnaire will remain essentially unchanged except for minor modifications to wording.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2006 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia.

The total annual burden estimate is shown below:

Activity	Number of respondents	Number of responses per respondent	Average burden hours per respondent	Total burden hours
Household Screening .....	182,250	1	.083	15,127
Interview .....	67,500	1	1.0	67,500
Re-interview .....	3,100	1	1.0	3,100
Screening Verification .....	5,494	1	.067	368
Interview Verification .....	10,125	1	.067	678
Re-Interview Verification .....	1,550	1	.067	104
<b>TOTAL .....</b>	<b>182,250</b>	<b>.....</b>	<b>.....</b>	<b>86,877</b>

Written comments and recommendations concerning the proposed information collection should be sent by September 15, 2005 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: August 10, 2005.

**Anna Marsh,**

Executive Officer, SAMHSA.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

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**Proposed Project: SAMHSA/CMHS Initiative To Reduce/Eliminate Seclusion and Restraint: 8 State Incentive Grants and Coordinating Center—NEW**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), has funded an Initiative to Reduce/Eliminate Seclusion and Restraint (S/R) which consists of 8 State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion (SM04-007) and a Coordinating Center to Support S/R State Incentive Grants. This initiative is designed to promote the implementation and evaluation of best practice approaches to reducing the use of restraint and seclusion in mental health facilities. Grantees consist of 8 sites (state mental health agencies), most of which will be implementing interventions in multiple facilities (a total of 49 facilities). These include