16. Ioannides, K. G., A. A. Mantzios, and C. P. Pappas, ''Influence of Prussian Blue in Reducing Transfer of Radiocesium Into Ovine Milk,'' *Health Physics*, 60:261–264, 1991.

17. Kargacin, B., and K. Kostial, ''Reduction of 85Sr, ^{137}Cs, ^{131}I and ^{141}Ce Retention in Rats by Simultaneous Oral Administration of Calcium Alginate, Ferrihexacyanoferrate(II) Ki and Zn-Dtpa,'' *Health Physics*, 5:859–864, 1985.

18. Kargacin, B. et al., ''The Influence of a Composite Treatment for Internal Contamination by Several Radionuclides on Certain Health Parameters in Rats,'' *Arhiv za Higijenu Rada i Toksikologiju*, 36:165–172, 1985.

19. Kostial, K. et al., ''Simultaneous Reduction of Radioactive Strontium, Caesium, and Iodine Retention by Single Treatment in Rats,'' *The Science of the Total Environment*, 22:1–10, 1981.

20. Kostial, K. et al., ''A Method for Simultaneous Decrease of Strontium, Caesium, and Iodine Retention After Oral Exposure in Rats,'' *International Journal of Radiation Biology*, 37:347–350, 1980.

21. Kostial, K., B. Kargacin, and I. Simonovic, ''Efficacy of a Composite Treatment for Mixed Fission Products in Rats,'' *Journal of Applied Toxicology*, 3:291–296, 1983.

22. Kravzov, J. et al., ''Relationship Between Physiological Properties of Prussian Blue and Its Efficacy as Antidote Against Thallium Poisoning,'' *Journal of Applied Toxicology*, 13:213–216, 1993.

23. Lehmann, P. A., and L. Favari, ''Acute Thallium Intoxication: Kinetic Study of the Relative Efficacy of Several Antidotal Treatments in Rats,'' *Archives of Toxicology*, 57:56–60, 1985.

24. Lipsztein, J. L. et al., ''Studies of Cs Retention in the Human Body Related to Body Parameters and Prussian Blue Administration,'' *Health Physics*, 60:57–61, 1991.

25. Lipsztein, J. L. et al., ''Application of In-Vitro Bioassay for ^{137}Cs During the Emergency Phase of the Goiania Accident,'' *Health Physics*, 60:43–49, 1991.

26. Madhus, K., and A. Stromme, ''Increased Excretion of Cs-137 in Humans by Prussian Blue,'' *Zeitschrift fur Naturforschung. Teil B: Chemie, Biochemie, Biophysik, Biologie*, 23b:391–393, 1968.

27. Melo, D. R. et al., ''^{137}Cs Internal Contamination Involving a Brazilian Accident, and the Efficacy of Prussian Blue Treatment,'' *Health Physics*, 66:245–252, 1994.

28. Moore, D., I. House, and A. Dixon, ''Thallium Poisoning. Diagnosis May Be Elusive But Alopecia Is the Clue,'' *British Medical Journal*, 306:1527–1529, 1993.

29. Moore, Jr. W., and C. L. Comar, ''Absorption of Caesium 137 From the Gastro-Intestinal Tract of the Rat,'' *International Journal of Radiation Biology*, 5:247–254, 1962.

30. National Council on Radiation Protection and Measurement, *Management of Persons Accidentally Contaminated With Radionuclides: Recommendations of the National Council on Radiation Protection and Measurement*, Washington, DC, NCRPM, 1979, pp. 77–79.

31. Nielson, P. et al., ''Intestinal Absorption of Iron from 59Fe-Labelled Hexacyanoferrates (II) in Piglets,'' *Arzneimittel Forschung (Aulendorf)*, 38:1469–1471, 1988.

32. Nigrovic, V., ''Enhancement of the Excretion of Radiocaesium in Rats by Ferric Cyanoferrate (II),'' *International Journal of Radiation Biology*, 7:307–309, 1963.

33. Nigrovic, V., ''Retention of Radiocaesium by the Rat as Influenced by Prussian Blue and Other Compounds,'' *Physics in Medicine and Biology*, 10:81–91, 1965.

34. Pau, P. W. I., ''Management of Thallium Poisoning,'' *Hong Kong Medical Journal*, 6:316–318, 2000.

35. Pearce, J., ''Studies of Any Toxicological Effects of Prussian Blue Compounds in Mammals-A Review,'' *Food and Chemical Toxicology*, 32:577–582, 1994.

36. ''Prussian Blue,'' in the Extra Pharmacopeia, ed. J. E. F. Reynolds, 28th ed., London, *Pharmaceutical Press*, 1982, p. 1749.

37. Richmond, C. R., ''Accelerating the Turnover of Internally Deposited Radiocesium,'' *Symposium on Diagnosis and Treatment of Deposited Radionuclides; proceedings*, pp. 315–327, 1968.

38. Richmond, C. R., and D. E. Bunde, ''Enhancement of Cesium–137 Excretion by Rats Maintained Chronically on Ferric Ferrocyanide,'' *Proceedings of the Society for Experimental Biology and Medicine*, 121:664–670, 1966.

39. Rosoff, B., S. H. Cohn, and H. Spencer, ''Cesium–137 Metabolism in Man,'' *Radiation Research*, 19:643–654, 1963.

40. Rundo, J., and F. M. Turner, ''On the Biological Half-Life of Caesium in Pregnant Women and in Infants,'' *Radiation Protection Dosimetry*, 41:211–216, 1992.

41. Stromme, A., ''Increased Excretion of 137Cs in Humans by Prussian Blue,'' *Symposium on Diagnosis and Treatment of Deposited Radionuclides; proceedings*, pp. 329–332, 1968.

42. Van Kesteren, R. G. et al., ''Thallium Intoxication. An Evaluation of Therapy,'' *Intensivmedizin*, 17:293–297, 1980.

43. Verzijl, J. M. et al., ''Hemodialysis as a Potential Method for the Decontamination of Persons Exposed to Radiocesium,'' *Health Physics*, 69:543–548, 1995.

44. Verzijl, J. M. et al., ''The Influence of Extracorporeal Clearance Techniques on Elimination of Radiocesium After Internal Contamination,'' *Health Physics*, 69:521–529, 1995.

45. Vrij, A., H. M. Cremers, and F. A. Lustermans, ''Successful Recovery of a Patient With Thallium Poisoning,'' *Netherlands Journal of Medicine*, 47:121–126, 1995.

46. World Health Organization, *Health Consequences of the Chernobyl Accident: Results of the IPHECA Pilot Projects and Related National Programmes: Summary Report*, Geneva, WHO, 1995.

Dated: January 28, 2003.

Margaret M. Dotzel,

Assistant Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Opioid Treatment Program Accreditation Evaluation—New—The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies (DPT), is evaluating the new system of opioid treatment program (OTP) regulation, which relies on accreditation by independent organizations approved by CSAT. This replaces the former system of regulation by the Food and Drug Administration (FDA). Effective May 18, 2001, SAMHSA and CSAT, in conjunction with the FDA and other Federal agencies, issued ''final regulations for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction,'' 42 CFR part 8. To date, SAMHSA has approved four organizations to provide accreditation to or conduct accreditation surveys of programs that use methadone and other approved medications to treat opioid addiction: (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), (2) the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), (3)

the Council on Accreditation for Children and Family Services (COA), and (4) the State of Washington Department of Health and Human Services, Division of Alcohol and Substance Abuse. The shift to an accreditation approach is expected to improve the quality of, and access to, OTPs.

An earlier, related study, conducted prior to accreditation, examined the experience of a pilot group of OTPs undergoing the accreditation process with extensive technical assistance provided through CSAT. Now that accreditation has become mandatory, the current study will assess its impact on OTPs, and the field of substance abuse treatment at a critical beginning phase.

The primary purposes of the proposed OTP Accreditation Evaluation are to assess the accreditation process and its cost and impact, and to provide input to CSAT concerning how the process might be improved. Specifically, the OTP Accreditation Evaluation will examine: (1) Processes, barriers, and costs associated with accreditation, (2) administrative and clinical impacts, (3) cost to the federal government for national implementation of the new regulations, and (4) potential policy changes affecting the accreditation-based oversight system.

The evaluation will be accomplished by secondary analysis of existing data as well as by collecting data before and after accreditation, from different sources and using several different data collection methods. Given the great diversity of this relatively small body of programs, the first data collection effort involves administering a questionnaire to all OTPs. The questionnaire is intended to elicit information about the resources programs need to prepare for accreditation and undergo the accreditation survey; services provided; the costs of providing these services; and staff perceptions of the accreditation process. Three vesions of the questionnaire will be used to accommodate OTPs' accreditation survey schedules: a pre-accreditation questionnaire, a post-accreditation questionnaire, and a post-only accreditation questionnaire. All OTPs will receive one or two questionnaires, depending on their accreditation survey status. OTPs that have not undergone an accreditation survey at the start of data collection will receive a pre-accreditation questionnaire. These OTPs will also receive a post-accreditation questionnaire six months after their accreditation survey. OTPs that have been accredited for less than four months at the start of data collection will receive a post-only questionnaire and a post-accreditation questionnaire at six months after their accreditation survey. OTPs that have been accredited for more than four months at the start of data collection will receive a post-only questionnaire.

In addition to the OTP survey, data will be obtained from existing sources including SAMHSA surveys such as the National Survey of Substance Abuse Treatment Services (N–SSATS) and the Treatment Episode Data Set (TEDS). These will provide an historical perspective on opioid treatment services and insight regarding the extent of opioid addiction service episodes. Information from the questionnaire administered to all OTPs will be supplemented and validated by more intensive data collection to be conducted with a small sample of OTPs that have not yet undergone accreditation, stratifying on factors determined by the earlier study to be related to OTPs' accreditation experience. Data will be collected from the smaller sample of OTPs through several means over the course of one year per program (six months before and six months after an accreditation survey): (1) A questionnaire administered on-site to patients to obtain patient perceptions about accreditation and level of satisfaction (2) chart abstraction by contractor staff of limited patient outcomes data, (3) activity logs to capture the amount of OTP staff time spent by OTP staff in various broad activities, and (4) interviews with OTP staff and related community organizations concerning their perceptions and experience.

The estimated response burden for the proposed OTP accreditation evaluation over a period of two years is summarized below.

Form	Number of respondents	Responses/respondent	Total responses	Hours/response	Total hour burden
Self-administered pre-accreditation questionnaire	600	1	600	1	600
Self-administered post-accreditation questionnaire	700	1	700	1	700
Self-administered post-accreditation-only questionnaire	500	1	500	1	500
Activity logs	240	312	74,880	.1	7,488
Activity summary worksheet	60	26	1,560	1	1,560
Chart abstraction (OTP staff spent pulling charts *etc.*)	60	2	120	1	120
Patient questionnaire	6,000	1	6,000	.3	1,800
OTP/CBO staff interview	300	2	600	.7	420
Total	7,700		84,960		13,188
2-year Annual Average	3,850		42,480		6,594

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 28, 2003.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Services Administration.

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DEPARTMENT OF THE INTERIOR

Office of the Secretary

Invasive Species Advisory Committee

AGENCY: Office of the Secretary, Interior.

ACTION: Notice of public meetings of the Invasive Species Advisory Committee.

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act, notice is hereby given of meetings of the Invasive Species Advisory Committee. The purpose of the Advisory Committee is to provide advice to the National Invasive Species Council, as authorized by Executive Order 13112, on a broad array of issues related to preventing the introduction of invasive species and providing for their control and minimizing the economic, ecological, and human health impacts that invasive species cause. The Council is Co-chaired by the Secretary of the Interior, the Secretary of Agriculture, and the Secretary of Commerce. The duty of the