

brick laying workers in the U.S., and according to a recent study, approximately 17,400 masonry and plastering workers are exposed to at least five times the NIOSH recommended exposure limit (REL for crystalline silica), and of these workers, an estimated 80 percent of them are exposed to at least 10 times the NIOSH REL.

To effectively prevent silicosis, not only must control measures be improved, but workers must be persuaded to protect themselves and employers must be motivated to provide workers with proper engineering controls and training. Previous research has too often focused on the behaviors and attitudes of workers and not on employers. Since employers have a tremendous influence on the health of workers and since their motivations may differ from workers', it is

important to focus on them as well. Well-designed and theory-driven communication interventions have the capacity to promote protective health behaviors. To develop messages that will have the greatest success at motivating workers to protect themselves and employers to protect their workers from silicosis, information on workers' and employers' beliefs, attitudes, and behaviors regarding silicosis must be determined. A recently completed pilot-study indicated a need to motivate employers to provide appropriate engineering controls and respiratory protection and a need to persuade workers to protect themselves.

The goal of this project is to develop a health communication intervention program targeting both masonry contractors and workers that will increase the use of engineering controls (specifically, wet-sawing) and

respiratory protection. The aforementioned pilot study will serve as a foundation upon which the intervention will be developed. The effectiveness of the intervention will be evaluated using a pre-post test questionnaire.

The study results will provide a basis for intervention programs that masonry contractors can use to educate their workers regarding risk of exposure to silica dust on masonry work sites. The methodology could be applied to other construction procedures such as jack hammering, sand blasting, and similar dust producing procedures to produce similar intervention programs. Eventually we would hope, silica exposures among construction workers would decrease significantly. The total annual burden hours are 146.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
Workers .....	200	2	0.33	132
Contractors .....	20	2	0.33	13.2
Total .....	.....	.....	.....	145.2

Dated: September 9, 1999.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 99-24006 Filed 9-14-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Ethics Subcommittee of the Advisory Committee to the Director, Centers for Disease Control and Prevention Meeting: Change of Time

**Federal Register Citation of Previous Announcement:** August 20, 1999, Volume 64, Number 161, Page 45552.

**Summary:** Notice is given that the meeting time of the Ethics Subcommittee of the Advisory Committee to the Director, CDC has changed. The meeting date, status, purpose, and matters to be discussed announced in the original notice remain unchanged.

There will be no change in the meeting location of the Advisory Committee to the Director, CDC, which will be meeting at Center for Disease Control and Prevention, 1600 Clifton Road, NE, Building 16, Room 5126, Atlanta, Georgia 30333.

**Original Time and Date:** 8:30 a.m.-5 p.m., September 23, 1999.

**New Time and Date:** 10 a.m.-4 p.m., September 23, 1999.

**Contact Person for More Information:**

Kathy Cahill, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D-24, Atlanta, Georgia 30333. Telephone 404/639-7060.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: September 9, 1999.

**John C. Burckhardt,**

*Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Call for Public Comment: Changing the Conversation—A National Plan To Improve Substance Abuse Treatment

**AGENCY:** Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, DHHS.

**ACTION:** Request for public comment on five issues (domains) of concern to the substance abuse treatment field when assessing substance abuse treatment.

**SUMMARY:** This notice announces that the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) is formally inviting public comment on five issues (domains) that are of concern to the substance abuse treatment field and require development and exploration. Via several mechanisms, including public hearings, CSAT intends that findings from the exploration of individual domains will ultimately be synthesized into a coherent national strategy to guide substance abuse treatment program and policy development for the future. Individuals and organizations are encouraged to comment in one of several ways: (1) In writing, by submission through the U.S. Mail or courier service; (2) via the National Treatment Plan web site (<http://www.NaTxPlan.org>); or (3) in person at one of the remaining three public hearings scheduled at locations across the country. The final cutoff date for comments is December 1, 1999. This notice discusses the public hearings at which interested individuals/ organizations may testify regarding the

five substance abuse treatment domains discussed below.

**DATES/LOCATIONS:** In addition to the public hearings held on July 8 in Hartford, Connecticut, and on September 16 in Chicago, Illinois, CSAT plans to conduct three more public hearings in 1999—October 18 in Washington, DC; October 26 in Portland, Oregon; and November 9 (tentative date) in Tampa/St. Petersburg, Florida. The next hearing will be held at the Metropolitan Washington Council of Governments, 777 N. Capitol Street, NE, Washington, DC 20002-4226, on October 18, 1999, between the hours of 8:30 a.m. and 5 p.m. Specific details regarding subsequent hearings will be published in the **Federal Register** approximately one month prior to each hearing.

Requests to testify at the Washington, DC, public hearing must be submitted to the addressee indicated below by October 12, 1999. Seating is limited. In the event that interpretive services for the hearing-impaired are required, please indicate these special needs to the addressee.

**FOR INFORMATION CONTACT:** Requests for additional information regarding the hearing and/or testimonies, as well as requests to testify must be addressed to: Cynthia Graham, [Tele: (301) 443-8390; e-mail: cgraham@samhsa.gov; Fax: (301) 480-6077] Center for Substance Abuse Treatment, SAMHSA, Rockwall II Building, Suite 618, 5600 Fishers Lane, Rockville, Maryland 20857.

Written comments (without a request to personally testify) will also be accepted by the above addressee. Written testimonies are limited to five (5) typed pages using 1.5 line spacing and 12 point font.

#### **SUPPLEMENTARY INFORMATION:**

##### **Background**

Building on recent advances and studies, CSAT has initiated plans to focus on how to apply its extensive knowledge to the practical objective of improving treatment outcomes. The plans include synthesizing current knowledge and recommendations about treatment, service systems, application of best practices, diffusion methods, and organization and financing of substance abuse treatment services. Federal Government and outside experts, as well as the interested public, will explore the current state of the knowledge, resources, needs, and service and organizational capacity. The objective is the culling of priorities for action by the government and by others in the substance abuse treatment field. As noted above, CSAT is inviting the

public to comment on five domains as part of the initial step of the plan. The domains, as well as some initial questions for exploration, include:

(1) Closing the Treatment Gap: Where are the gaps? How big are they for different populations? For different types of settings and treatment modalities? How big are gaps in other related systems of care, e.g., welfare, child welfare, housing? What are the policy, organization, and financing issues that must be addressed in the private and public systems, including Medicaid and Medicare, to close the treatment gap?

(2) Reducing Stigma and Changing Attitudes: What are the nature, causes and consequences of addiction stigma? What can CSAT, the treatment field, consumers and families do to address stigma related to addiction, substance abuse treatment and individuals with substance abuse disorders? How do other stigmas impact/compound the stigma of addiction?

(3) Improving and Strengthening Treatment Systems: What are the clinical and organizational challenges facing treatment organizations in the public and private sectors? What can CSAT, the treatment field, consumers and families do to improve and strengthen treatment organizations so that they can adapt to the new imperatives of the changing treatment system, and to improve the relationship between the general health care system and the specialty substance abuse treatment system? What should be done at the State, county and/or local levels to improve and strengthen substance abuse treatment?

(4) Connecting Services and Research: What are the best methods by which CSAT, the treatment field, consumers and families can foster and support evaluation of proven research findings in community-based settings and identification and adoption of best practices?

(5) Addressing Workforce Issues: What are the issues facing clinicians treating addictions? What can CSAT, the treatment field, consumers and families, and professional associations do to foster training, appropriate credentialing, and licensure in all settings in which treatment occurs, and to support treatment organizations in developing appropriate policies for clinical training?

##### **Hearing Format**

The hearings will be divided into five segments (*i.e.*, the five domains described above) of approximately 60 minutes each. Each individual/organization participant will be limited

to three (3) minutes of oral testimony and five (5) pages of typed testimony per domain. All oral testimonies must be accompanied by a written testimony of no more than five (5) typed pages using 1.5 line spacing and 12 point font. Five copies of written testimonies may either be submitted before the hearing to the addressee listed above or to the registrar at the hearing. As the hearing schedule allows, unscheduled testimonies will be accommodated. All testimonies (recorded and written) will become a part of the public domain.

Dated: September 3, 1999.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*

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## **DEPARTMENT OF THE INTERIOR**

### **Bureau of Land Management**

[NV-930-4210-05; N-63112]

#### **Notice of Realty Action: Lease/Conveyance for Recreation and Public Purposes**

**AGENCY:** Bureau of Land Management.

**ACTION:** Recreation and Public Purpose Lease/conveyance.

**SUMMARY:** The following described public land in Las Vegas, Clark County, Nevada has been examined and found suitable for lease/conveyance for recreational or public purposes under the provisions of the Recreation and Public Purposes Act, as amended (43 U.S.C. 869 *et seq.*). The City of Las Vegas proposes to use the land for a public park.

*Mount Diablo Meridian, Nevada*

T. 19 S., R. 60 E., Sec. 24

E $\frac{1}{2}$  NE $\frac{1}{4}$  SE $\frac{1}{4}$

Containing 20 acres, more or less.

The land is not required for any federal purpose. The lease/conveyance is consistent with current Bureau planning for this area and would be in the public interest. The lease/patent, when issued, will be subject to the provisions of the Recreation and Public Purposes Act and applicable regulations of the Secretary of the Interior, and will contain the following reservations to the United States:

1. A right-of-way thereon for ditches or canals constructed by the authority of the United States, Act of August 30, 1890 (43 U.S.C. 945).

2. All minerals shall be reserved to the United States, together with the right to prospect for, mine and remove such deposits from the same under