

Subject, city, state	Effective date
PETROSKY, MICHAEL J., COVINGTON, LA	08/26/97
PUIG, XIOMARA, MIAMI, FL	09/03/97
RABAH, WAJIH I., AGUADILLA, PR	09/02/97
RADI, ANTHONY W., HICKSVILLE, NY	09/02/97
ROJAS, EDUARDO ANTONIO, ALTAMONTE SPRINGS, FL	09/03/97
ROTHERY, BEVERLY A., MARIETTA, OH	08/27/97
SALOMON, ALIX P., CHICAGO, IL	08/27/97
SANCIO, ELAINE D. WITTERSCHEIN, JERSEY CITY, NJ	09/02/97
SANSONE, PETER J. (SAMSONE), BROOKLYN, NY	09/02/97
SMITH, RICKEY E., JAMAICA PLAIN, MA	08/27/97
SMITH, BRENT R., SPRING ARBOR, MI	09/02/97
SNYDER, CHARLOTTE J., STOCKTON, KS	09/03/97
STONE, BRETT E., POTEAU, OK	08/26/97
THOMPSON, BYRON J., CHICAGO, IL	09/02/97
TWOMLEY, JAMES D., HOLLAND, IN	09/02/97
WALL, HOMER G., LINCOLN, NE	09/03/97
WASHINGTON, GENEVA (WALKER), DAYTON, OH	09/02/97
WELDEN, SHIRLEY J., TULSA, OK	08/26/97

SECTION 1128Aa

RAINBOW HOME MEDICAL EQPT CO., MIAMI, FL	06/20/97
RODRIGUEZ, LEONOR, MIAMI BEACH, FL	06/20/97
143 MEDICAL EQUIPMENT CO., MIAMI, FL	06/20/97

Dated: September 3, 1997.

William M. Libercci,

Director, Health Care Administrative Sanctions, Office of Enforcement and Compliance.

[FR Doc. 97-24656 Filed 9-16-97; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Consensus Development Conference on Effective Medical Treatment of Heroin Addiction

Notice is hereby given of the NIH Consensus Development Conference on "Effective Medical Treatment of Heroin Addiction," which will be held November 17-19, 1997, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on November 17, at 8:30 a.m. on November 18, and at 9 a.m. on November 19.

In the United States alone, approximately one-half million people are addicted to heroin. Estimates of heroin incidence (122,000 new users) in recent years suggest an increased incidence and an emerging pattern of drug use among the young. For many years, heroin addiction has been associated with increased criminal activity and human suffering. In the past 10 years, there has been a dramatic increase in the prevalence of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and tuberculosis among

intravenous heroin users. From 1991 to 1995 in major metropolitan areas, the annual number of heroin-related emergency room visits has increased from 36,000 to 76,000, and the annual number of heroin-related deaths has increased from 2,300 to 4,000. The associated morbidity and mortality further underscore the human, economic, and societal cost of heroin addiction.

Over the last 20 years, a significant body of evidence has accumulated on the neurobiology of heroin addiction and on the safety and efficacy of narcotic (methadone) maintenance treatment.

Although there have been other medications (e.g., levo-alpha acetylmethadol [LAAM]) subsequently determined safe and effective in narcotic maintenance treatment, the focus of this consensus development conference will be on methadone, because methadone has been the medication used in most narcotic treatment research. Evaluation studies have consistently shown methadone treatment to be effective in reducing drug use and crime and in enhancing social productivity. More recent studies demonstrate that methadone treatment is an effective method for preventing the spread of HIV, HCV, and tuberculosis among intravenous drug users.

Most heroin users are not receiving treatment. Most recent data indicate that there are approximately 112,000 patients in narcotic maintenance treatment. Barriers exist to both access to narcotic maintenance treatment and effective treatment, despite the science on the neurobiology of heroin addiction

and the evidence demonstrating the effectiveness of treatment in reducing drug use and crime and preventing the spread of HIV and HCV. An important reason for some of these barriers is that narcotic maintenance treatment remains controversial. The science has not yet overcome the stigma of addiction and public perception about narcotic maintenance treatment.

Many members of the medical community and the public conceive of opiate addiction as a self-inflicted disease of the will, methadone treatment as mere narcotic substitution and relapses likely to follow treatment, drug-free treatment as the only valid rehabilitative method, and total abstinence from all drugs, including methadone, as the only valid treatment goal. Other obstacles include Federal and state government regulations limiting treatment providers and patient access and concerns about methadone diversion by patients and its consequences.

To address the most important and controversial issues surrounding narcotic maintenance treatment, the NIH has organized this 2½ day conference to present the available data on opiate agonist treatment for heroin addiction. The conference will bring together national and international experts in the fields of basic and clinical neuroscience, epidemiology, and natural history, prevention and treatment of heroin addiction, as well as representatives from the public.

After 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel chaired by Dr. Lewis Judd, chair of the Department

of Psychiatry at the University of California at San Diego School of Medicine, will weigh the scientific evidence and write a draft statement that will be presented to the audience on the third day. The consensus statement will address the following key questions:

* What is the scientific evidence to support a conceptualization of opiate addiction as a medical disorder including natural history, genetics and risk factors, pathophysiology, and how is diagnosis established?

* What are the consequences of untreated opiate addiction to individuals, families and society?

* What is the efficacy of current treatment modalities in the management of opiate addiction including detoxification alone, non-pharmacological/psychosocial treatment, treatment with opiate antagonists, and treatment with opiate agonists (short-term and long-term)?

* What is the (scientific evidence for the) most effective use of opiate agonists in the treatment of opiate addiction?

* What are the important barriers to effective use of opiate agonists in the treatment of opiate addiction in the U.S., including perceptions and the adverse consequences of opiate agonist use, legal, regulatory, financial and programmatic barriers?

* What are the future research areas and recommendations for improving opiate agonist treatment and improving access?

The primary sponsors of this meeting are the National Institute on Drug Abuse and the NIH Office of Medical Applications Research. The conference is co-sponsored by the NIH Office of Research on Women's Health.

Advance information on the conference program and conference registration materials may be obtained from Prospect Associates, 1801 Rockville Pike, Suite 500, Rockville, Maryland 20852, (301) 468-MEET, by e-mail at NIHconsensus@ProspectAssoc.com, or by visiting <http://consensus.nih.gov> on the World Wide Web.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning November 19, 1997, from the NIH Consensus Program Information Center, P.O. Box 2577, Kensington, Maryland 20891, phone 1-888-NIH-CONSENSUS (1-888-644-2667) and from the NIH Consensus Development Program site on the World Wide Web at <http://consensus.nih.gov>.

Dated: September 4, 1997.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 97-24628 Filed 9-16-97; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting of the National Cancer Advisory Board and its Subcommittees

Pursuant to Pub. L. 92-463, as amended, notice is hereby given of the meeting of the National Cancer Advisory Board (Board), National Cancer Institute (NCI), and its Subcommittees on September 23-25, 1997. The meetings of the Board and its Subcommittees will be open to the public as indicated below. Attendance by the public will be limited to space available.

A portion of the Board meeting will be closed to the public in accordance with the provisions set forth in secs. 552b(c)(4), 552b(c)(6), and 552(c)(9)(B), Title 5 U.S.C. and sec. 10(d) of Pub. L. 92-463, for the review, discussion and evaluation of individual grant applications and for discussion of issues pertaining to programmatic areas and/or NCI personnel. These applications and discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning the individuals associated with the applications or programs, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, and premature disclosure of recommendations which would be likely to significantly frustrate the subsequent implementation of those recommendations.

The Committee Management Office, National Cancer Institute, National Institutes of Health, Executive Plaza North, Room 609, 6130 Executive Boulevard, MSC 7410, Bethesda, Maryland 20892-7410, (301) 496-5708 will provide summaries of the meetings and rosters of the Board members, upon request.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Mrs. Linda Quick-Cameron, Committee Management Officer, at (301) 496-5708 in advance of the meeting.

Name of Committee: Subcommittee on Activities and Agenda.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD 20892-7405, (301) 496-5147.

Date of Meeting: September 23, 1997.

Place of Meeting: Bethesda Marriott Hotel (Pooks Hill), 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: 7:00 p.m. to 9:00 p.m.

Agenda: To Conduct Preliminary Discussion of Future Programmatic and Personnel Activities and Policies.

Name of Committee: Subcommittee on Planning and Budget.

Contact Person: Ms. Cherie Nichols, Executive Secretary, National Cancer Institute, NIH, 7550 Wisconsin Avenue, Room 312, MSC 9010, Bethesda, MD 20892-9010, (301) 496-5515.

Date of Meeting: September 24, 1997.

Place of Meeting: Building 31, Conference Room 8/C Wing, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Open: 12:30 p.m. to 1:30 p.m.

Agenda: To Discuss the NCI Budget and Various Planning Issues.

Name of Committee: Subcommittee on Special Actions for Grants.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD. 20892-7405, (301) 496-5147.

Date of Meeting: September 24, 1997.

Place of Meeting: Building 31, Conference Room 10/C Wing, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD. 20892.

Closed: 4:05 p.m. to Adjournment.

Agenda: To Review and Discuss Grant Applications and Extramural/Intramural, Programmatic and Personnel Policies.

Name of Committee: Subcommittee on Clinical Investigations.

Contact Person: Dr. Robert Wittes, Executive Secretary, National Cancer Institute, NIH, Building 31, Room 3A44, MSC 2440, 9000 Rockville Pike, Bethesda, MD 20892-2440, (301) 496-4291.

Date of Meeting: September 25, 1997.

Place of Meeting: Building 31, Conference Room 8/C Wing, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD. 20892.

Open: 12:30 p.m. to 1:45 p.m.

Agenda: To Discuss the Design of Prospective Studies of the Impact of Managed Care on Cancer Clinical Investigations, Education and Training.

Name of Committee: National Cancer Advisory Board.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600, 6130 Executive Blvd., MSC 7405, Bethesda, MD. 20892-7405, (301) 496-5147.

Dates of Meeting: September 24-25, 1997.

Place of Meeting: Building 31, Conference Room 10/C Wing, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD. 20892.

Open: September 24—8:30 a.m. to 4:00 p.m.; September 25—8:30 a.m. to 4:00 p.m.