



# CAPTions

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*A mini-newsletter from the Center for the Application of Prevention Technologies*

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World wide web site:  
<http://www.miph.org/capt>

(800) 782-1878 (all staff)

JERRY JAKER, Director  
[jjaker@miph.org](mailto:jjaker@miph.org)

TERRI SINGER  
Center Manager  
[tsinger@miph.org](mailto:tsinger@miph.org)

ANU SHARMA  
Research Scientist  
[asharma@miph.org](mailto:asharma@miph.org)

TOM GRIFFIN  
Internal Evaluator  
[tgriffin@miph.org](mailto:tgriffin@miph.org)

ROGER SVENDSEN  
Prevention Specialist  
[rsvensen@miph.org](mailto:rsvensen@miph.org)

KEVIN RINGHOFER  
Prevention Specialist  
[kringhofer@miph.org](mailto:kringhofer@miph.org)

NEAL HOLTAN  
Medical Director  
[nholtan@miph.org](mailto:nholtan@miph.org)

PATRICIA POST  
Information Services Mgr.  
[ppost@miph.org](mailto:ppost@miph.org)

TOM MOBERG  
Information Systems Mgr.  
[tmoberg@miph.org](mailto:tmoberg@miph.org)

PAUL ZOBITZ  
Information Systems  
Coordinator Specialist  
[pzobitz@miph.org](mailto:pzobitz@miph.org)

SHERRI LINCOLN  
Administrative Support  
[slincoln@miph.org](mailto:slincoln@miph.org)

GERYL ROGERS  
Administrative Support  
[grogers@miph.org](mailto:grogers@miph.org)

CHERIE EAM  
Administrative Support  
[ceam@miph.org](mailto:ceam@miph.org)

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## *From the director*

# Your Central CAPT: three years and growing strong

**SEPTEMBER 2000** represents the end of CSAP's Funding Cycle One for the CAPTs and SIGs. Our staff at Central CAPT has been honored to be of service to you in the development and implementation of bringing prevention research to practice within our region.

We began three years ago by asking questions: states' prevention challenges? Needs? Resources? Expectations? It's a matter of record that the number of trainings, TA events, products and other services of

Central CAPT have been responsive and helpful. That's because, at CSAP's direction, we've stayed "close to the customer."

We've worked with state and regional prevention leaders to clarify CAPT's role in relation to state prevention centers, RADAR sites, and technology resources. Together, we've examined environmental change strategies, effective prevention models, cultural adaptation needs, coalition building, and various applications of research and evaluation.

The future looks good! We have the opportunity to continue as your CAPT, and we see technology conferences, CAPT Associates, ask-an-expert Website hookups, and other ways to diffuse the best of prevention practices.

We're excited about the future of prevention, especially having been awarded continuation funding from CSAP. We welcome your input: 1-800-782-1878.

As always, we'll stay in touch.

## Prevention and physicians

*by Neal Holton, MD, MPH*

**PHYSICIANS ARE** the natural allies for alcohol and other drug prevention because few people see more dramatically the human toll they take. Each day, we physicians are saddened to see our patients ravaged, and literally killed, by alcohol and other drugs. The destruction on human bodies from alcohol, for example, includes liver failure, pancreatic inflammation, nerve damage, broken bones, sexual dysfunction, retarded babies, and suicide to name just a few.

The problems are familiar to physicians in every branch of medicine.

The idea of prevention is vital to physicians in all the specialties of medicine because they all have seen preventable diseases or injuries caused by alcohol or drugs. When one listens to physicians, one hears that they believe strongly that preventive medicine should be a more prominent part of their practices and professional activities. Sometimes their schedules make

their involvement difficult. Other times, they just don't know how to get involved.

**How does the community advocate or activist in prevention form partnerships with physicians?** First, ask them to participate. Believe it or not, many physicians say they are never invited to be on committees, boards, or coalitions. They don't know where to start in finding such opportunities to get involved.

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# What's Happening?

## SEPTEMBER 2000

Science-based Prevention  
September 13, Charleston, West Virginia

NPN Prevention Research Conference  
September 24-27, Columbus, Ohio

CAPT Associates Training  
September 24-25, Columbus, Ohio

Community Mobilization Training  
September 28, Standing Rock Tribe,  
South Dakota

Social Marketing  
September 29, Indianapolis, Indiana

## OCTOBER 2000

Social Marketing  
October 10, Cincinnati, Ohio

Community Mobilization Trainings  
October 11, 18, 19, Standing Rock  
Tribe, South Dakota

Approaches to Prevention Evaluation/  
Tobacco-Free School Best Practices  
October 12-13, Pierre and Rapid City,  
South Dakota

Walking the Talk Training  
October 17, Freeport, Illinois

Tobacco-Free School Best Practices  
October 26, Aberdeen, South Dakota

Program Sharing Conference:  
ATOD and Violence Prevention  
October 30-31, St. Cloud, Minnesota

## TECHNOLOGY CORNER

### Mini-Grants

The Central CAPT just completed its first ever round of technology mini-grants. We were overwhelmed by the response for these funds. Grants up to \$1,500 were offered to help organizations connect to the Internet and upgrade their technological resources. We received 126 applications with the total amount of requested funds exceeding \$185,000. This was far more than we had available, but because of the high response rate, we secured additional money and were able to fund a total of 36 proposals. Congratulations to all who participated in this initiative. We are hoping to do another round of grants early in 2001. For other technology funding resources go to the following web site: <http://www.helping.org>.

### CAPT Associates (continued from page 1)

The second thing to do is to ask them for their ideas about how they can realistically contribute given their other commitments. Examples are having them provide stories of how alcohol and other drugs affect their patients, reports about how they do alcohol screening and referral in practice, or discussions of how alcohol prevention, screening and referral can become a high priority for their group or organization.

Third, the physicians can be enlisted to use their professional organizations to promote prevention. Medical associations and specialty societies in each

county and state are always looking for ways to promote alcohol and other drug screening and referral, take good public policy positions, and help lobby for specific bills or ordinances. The personal contacts you make with physicians and their organizations will produce mutually beneficial relationships between them and you.

We physicians are firmly committed to helping you prevent the burden of suffering from alcohol and other drugs. Please consider how you can extend an invitation to the physicians in your area. You

will find them your allies in the prevention of alcohol and drug-related problems. Reach out to them and make the connections. Ask them to join you in the effort for prevention.

If you need assistance or just want to talk about how to get started, please call Neal Holtan, M.D., Central CAPT at 763-427-5310 or e-mail [nholtan@miph.org](mailto:nholtan@miph.org).

Center for  
Substance Abuse  
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Substance Abuse and Mental  
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Center for the Application  
of Prevention Technologies  
2829 Verdale Avenue  
Anoka, Minnesota 55303



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