

One Step Forward: VAMP Project Implements Brief Alcohol Interventions in Finnish Primary Health Care



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VAMP (VAitakunnallinen Mini-interventioP rojekti – National Brief Intervention Project)

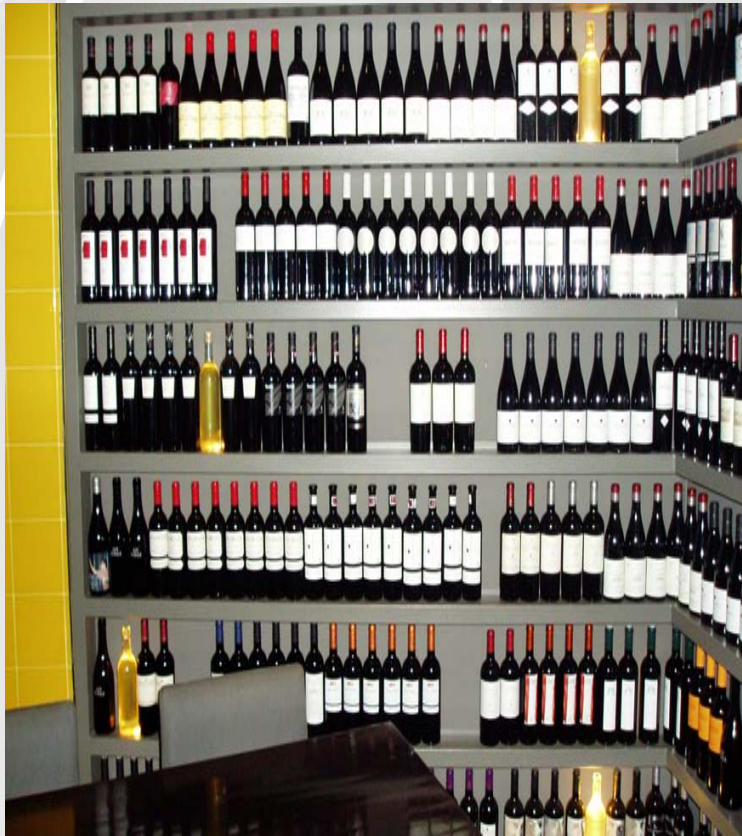
● A Vamp / to vamp

- the portion of a shoe that covers the instep and toes
- to repair with a new vamp
- to patch, to repair
- to invent (vamp up)
- accompaniment (jazz)
- to improvise an accompaniment (jazz)
- a woman who uses her sensuality to exploit men
- to use feminine charms

VAMP and its aims

- Part of the National Health Project (2004-2006)
- Funded by Ministry of Social Affairs and Health (budget about 600 000€/year)
- In collaboration with Alcohol Programme 2004-2007
 - to implement BI in PHC
 - to reduce drinking and drinking related harm among patients and population
 - to make alcohol-discussions in health care accepted and demanded by population

VAMP takes its inspiration from:



- WHO collaborative work, especially Phase IV
- Earlier BI research in Finland and worldwide
- Earlier action research projects
- Clinical experience
- PHEPA-collaboration

VAMP's design

- National co-ordinator (KS)
 - Education and support to regional co-ordinators
 - Networks for funding, material and communication
 - Evaluation of the whole project
 - Reports for the funding body
- Regional co-ordinators (n=14) / Physician-nurse couples
 - Education, training and tailored support for participating municipalities
 - Local communication
 - Process evaluation
- Steering group (PHEPA country team)

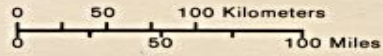
VAMP participants

- **23 municipalities**
- **from all 5 Finnish provinces**
- **covers 25% of the Finnish population**
- **about 3000 professionals**

Finland

- International boundary
- - - Province (lääni) boundary
- ★ National capital
- ⊙ Province (lääni) capital
- +— Railroad
- Road

Helsinki is the capital of Uusimaa Lääni.



The United States Government has not recognized

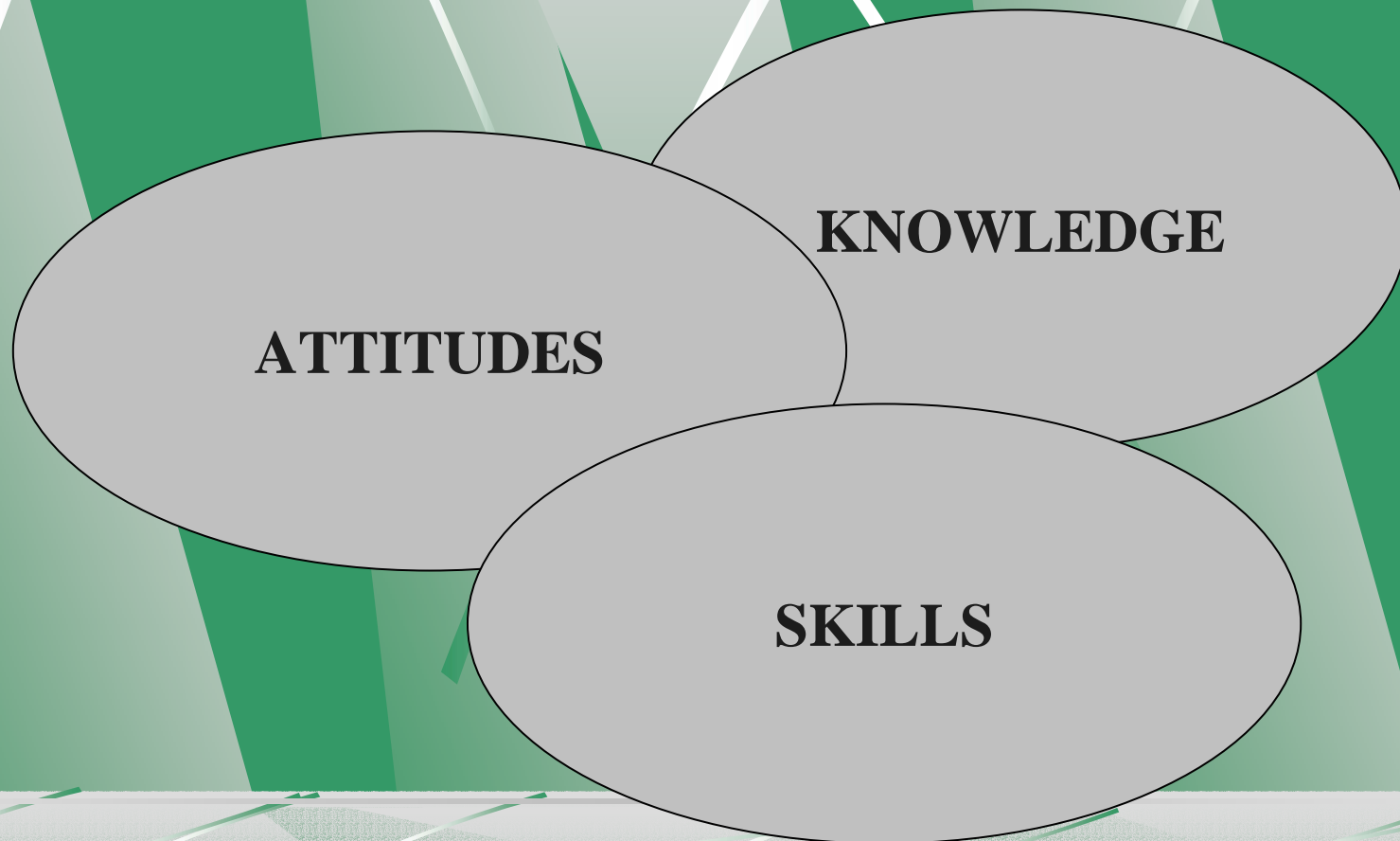
Activity of Finnish GPs to do brief interventions before VAMP

Regularly	189 (9.4%)
Occasionally	1004 (49.8%)
Not at all:	823 (40.8%)
• Done before, but not anymore	73 (3.6)
• Not at all: Would like to/should do	351 (17.4)
• Not at all: Not planning to do	54 (2.7)
• Not at all: Not familiar with brief intervention	345 (17.1)
Not reported	83

Western Finland – questionnaire to GPs and nurses in the beginning

- Participation percentage 79.9 % (506/633)
- 45% of the GPs and 23% of the nurses knew that hazardous drinkers are the target group for brief intervention
- 45 % of the GPs and 50% of the nurses considered all drinkers as the target group for brief intervention.

Main components of changing activity



VAMP relies on combined efforts

- Education; lectures, professional journals, latest scientific results
- Skills training
- Increasing personnel's motivation; tailored programmes to train and to do BI
- Reminders
- Informing population; "you have right to know, ask your GP/nurse"
- Support from collaborators

Education and training

- Small groups (participation 50-100%), discussions – flexible timetable
 - Focus on
 - effectiveness and cost effectiveness
 - reframing understanding
 - how to do it
 - getting acquainted with the available material
 - what is needed
- Problems
 - Little time (and seldom) available (0.5 – 3h)
 - How to reach all – some cities used the strategy to start with the most positive centres

Material



- AUDIT (version by Alcohol Programme 2004-2007)
- Handout for patients
- Drinking diary
- Postcards as reminders
- Posters in the waiting rooms
- Leaflet for professionals on how to do it

Alkoholi

SUURKULUTUKSEN RISKIT

Ärtyisyys.
Mielialavaihtelut.
Unihäiriöt.
Masennus.
Paniikkikohtaukset.
Vainoharhaisuus.
Psykoosit.
Itsetuhoisuus.

Tapaturmaiset kallo-
ja aivovammat.
Alkoholimyrkytykset.

Kasvojen katkenneet
verisuonet.
Turvotus.

Alkoholiriippuvuus.
Dementia.
Ennenaikainen
kuolema.

Kohonnut verenpaine.
Sydämen rytmihäiriöt.
Kuorsaus ja
hengityskatkot.

Nielu- ja suusyöpä.
Ruokatorven syöpä.

Käsien vapina.
Sormien pistely ja
puutuminen.

Rasvamaksa.
Maksatulehdus.
Kirroosi.
Maksasyöpä.

Haima-
tulehdus.

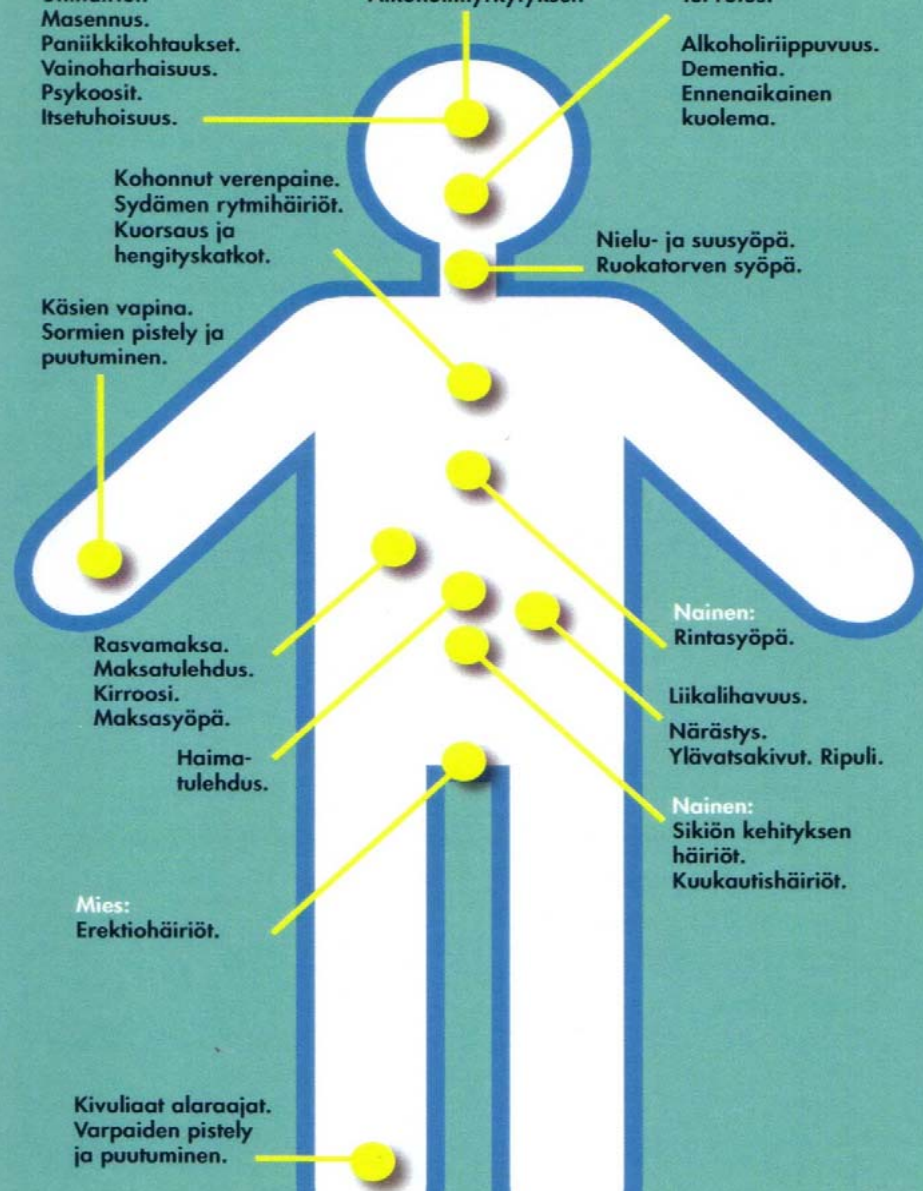
Nainen:
Rintasyöpä.

Liikalihavuus.
Närästys.
Ylävatsakivut. Ripuli.

Nainen:
Sikiön kehityksen
häiriöt.
Kuukautishäiriöt.

Mies:
Erektiohäiriöt.

Kivuliaat alaraajat.
Varpaiden pistely
ja puutuminen.



Support and reminders

- Directly and via contact person network in centres:
 - Guidelines in centres for new GPs and nurses
 - Local seminars
 - Feedback on baseline measurements
 - Short contacts whenever something new emerges
 - material
 - scientific evidence
 - clinical guidelines
 - changes in drinking figures or policy

Campaigns

- In most participating centres AUDIT has been distributed to patients for one – seven days
 - to activate people ask about their own alcohol use
 - to evaluate the prevalence of hazardous drinkers in the very centre
 - to use the gathered information in group discussions

Communication

- local and national newspapers
- radio and TV
- posters in health centres
- campaigns in municipalities and in health centres
- Internet
 - www.stm.fi (net page of the whole project)
 - <http://www.tampere.fi/projektit/sosiaalijaterveystoimi/vamp/index.html> (example of a local net page)
- lectures for lay people

Future challenges

- BI is considered important in PHC, but difficult to do in that setting
- Activity is still low
 - Difficult to change rigid practices
 - Too many tasks in PHC
 - Too many projects
 - Problems in municipalities' economy
 - Too few professionals
 - Difficult to participate in training
 - Treating sick people comes before preventive work

To overcome obstacles

- Patience and time
- Instincts to keep decent contacts and use a good combination of tools
- New tools (eg. modern technology)
- Open seminars to all professionals in all provinces
- Good national and international support

Evaluation

- In the end of 2006 (after 3 years)
 - discussions with regional professionals (qualitative evaluation of the project)
 - questionnaires to regional professionals (quantitative evaluation of the activity)
 - nationwide survey for all PHC physicians (same than before the project – change in activity nationwide)
 - quality of the BI: interviews, videotapes?