

# 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.*

0 50 100 Kilometers  
0 50 100 Miles



The United States Government has not recognized

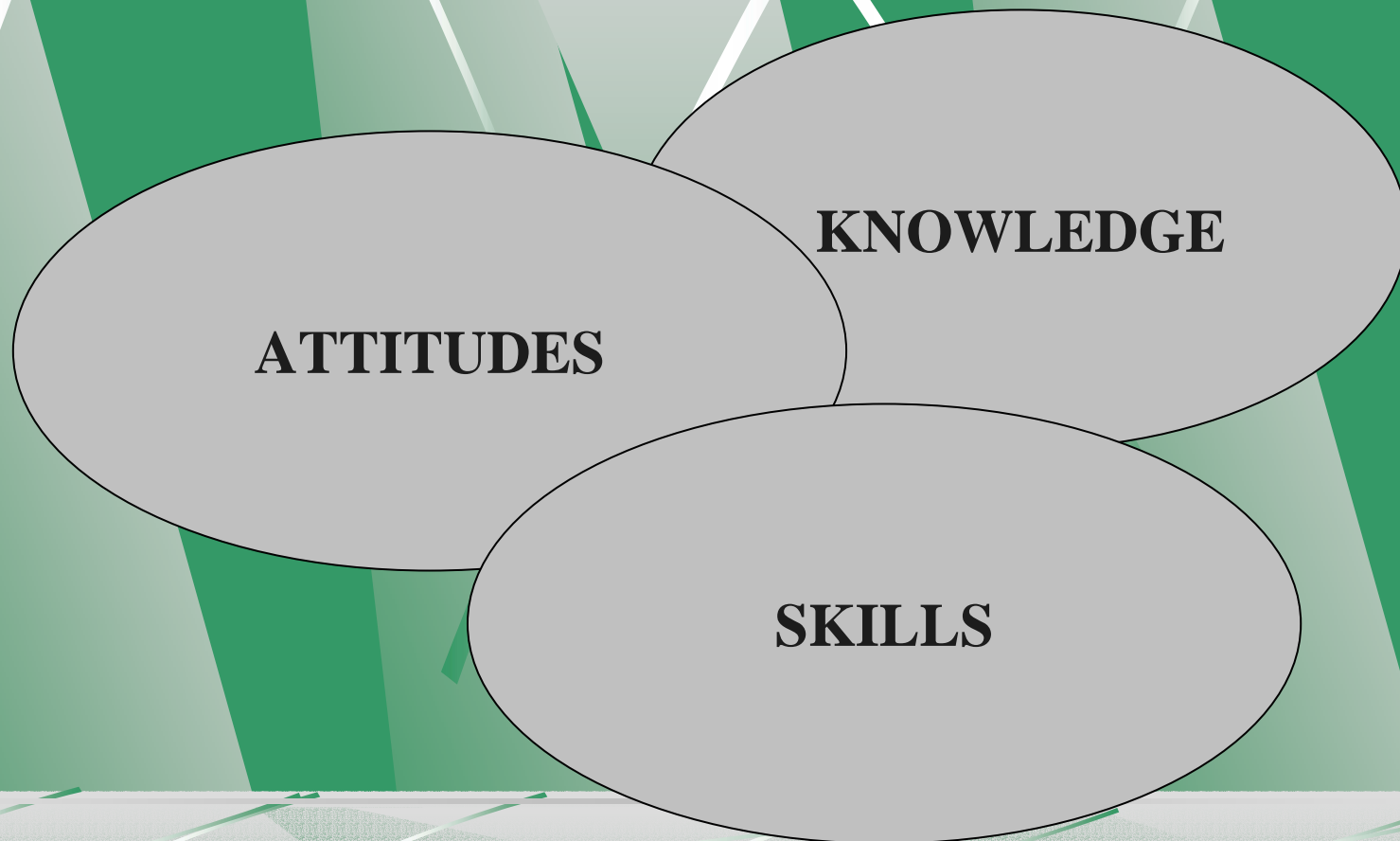
# Activity of Finnish GPs to do brief interventions before VAMP

Regularly	<b>189 ( 9.4%)</b>
Occasionally	<b>1004 (49.8%)</b>
Not at all:	<b>823 (40.8%)</b>
• 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	<b>83</b>

## 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.

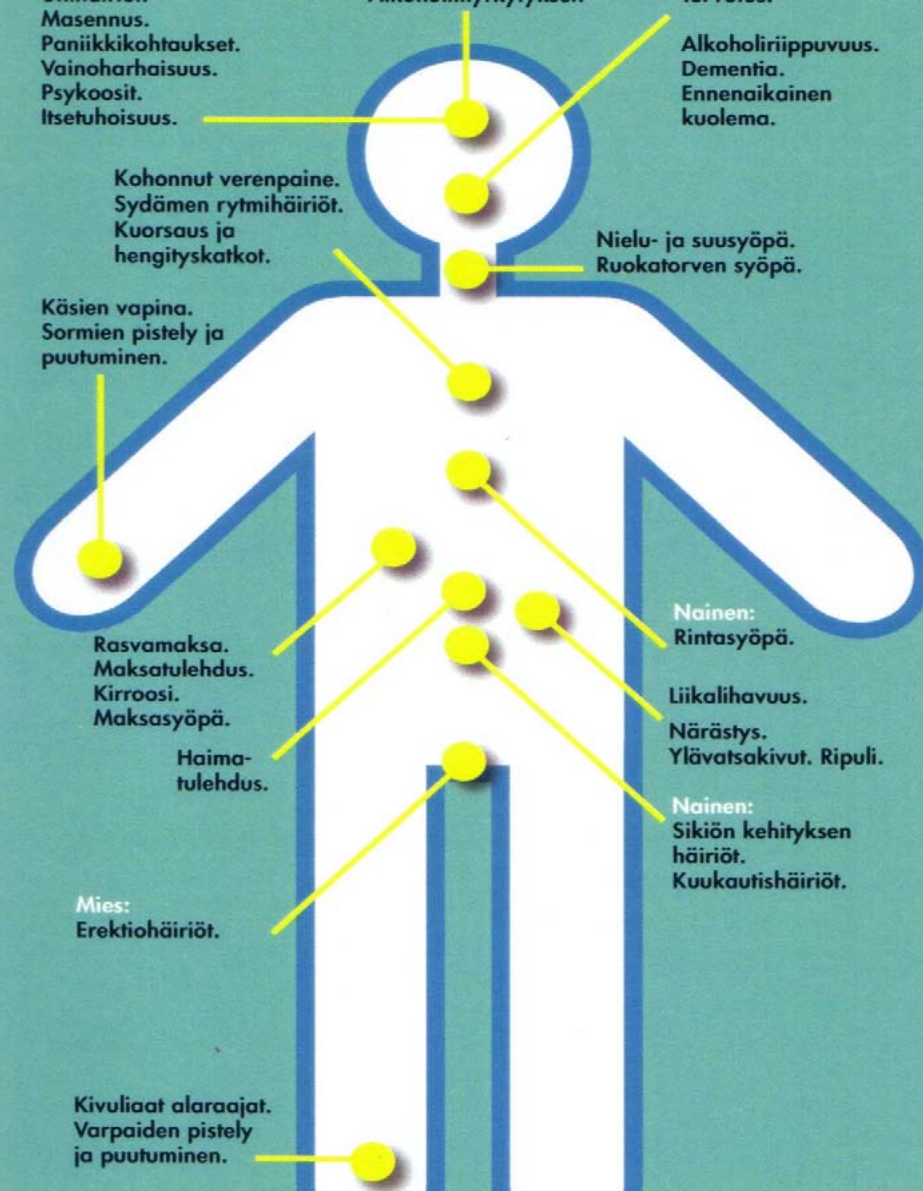
Nainen:  
Rintasyöpä.

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](http://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?