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

Kaija Seppä
Professor of General Practice
Medical School
University of Tampere
FINLAND
**VAMP (VAltakunnallinen Mini-interventioProjekti – 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)

- acompaniment (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
## Activity of Finnish GPs to do brief interventions before VAMP

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly</td>
<td>189</td>
<td>9.4%</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1004</td>
<td>49.8%</td>
</tr>
<tr>
<td>Not at all:</td>
<td>823</td>
<td>40.8%</td>
</tr>
<tr>
<td>Done before, but not anymore</td>
<td>73</td>
<td>3.6%</td>
</tr>
<tr>
<td>Not at all: Would like to/should do</td>
<td>351</td>
<td>17.4%</td>
</tr>
<tr>
<td>Not at all: Not planning to do</td>
<td>54</td>
<td>2.7%</td>
</tr>
<tr>
<td>Not at all: Not familiar with brief intervention</td>
<td>345</td>
<td>17.1%</td>
</tr>
<tr>
<td>Not reported</td>
<td>83</td>
<td></td>
</tr>
</tbody>
</table>

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

- KNOWLEDGE
- ATTITUDES
- SKILLS
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.
Paniikkikahtaukset.
Vainoharrastus.
Psykoosit.
Itsetuhfoisuus.

Tapaturmaiset kallo-
ja aivovammat.
Alkoholimyrkytykset.

Kasvojen katkenneet
verisuoonet.
Turvotus.
Alkoholihippuvuus.
Dementia.
Ennenaikeinen
kuolema.

Kohonnut verenpaine.
Sydämen rytmihäiriöt.
Kuorsaus ja
hengityskatko.

Käsien vapina.
Sormien pistely ja
puutuminen.

Nielu- ja suusyöpä.
Ruokatorven syöpä.

Rasvamaksa.
Maksatulehdus.
Kirroosi.
Maksasyöpä.

Nainen:
Rintasyöpä.
Liihalihavuus.
Närästys.
Ylävatsakivut. Ripuli.

Mies:
Erektoihäiriöt.

Nielsen
Rihvuus
Närähtys
Ylävatsakivut, Ripuli

Nainen:
Sikään kehityksen
häiriöt.
Kuukautishäiriöt.

Kivuliacat alarajoat.
Varpaisten 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)
- 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 (e.g., 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?