

STRATEGIES FOR PREVENTING ALCOHOL AND/OR TOBACCO USE AND MENTAL HEALTH CARE IN THE ELDERLY: AN EXPERIENCE REPORT

*Estratégias de prevenção ao uso de álcool e/ou tabaco e cuidados em
saúde mental em idosos: relato de experiência*

*Estrategias para la prevención del consumo de alcohol y/o tabaco y el
cuidado de la salud mental en personas mayores: relato de experiencia*

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ABSTRACT

This article aims to analyze the contributions of the extension activity "Health Promotion as a Strategy for Preventing Alcohol and/or Tobacco Use in Elderly People Attended at Family Health Units and Mental Health Care." It is an experience report developed in Primary Health Care in a municipality in the interior of the state of São Paulo, Brazil. The activities were carried out at the University, in Health Units, and in the homes of the elderly. The experiences included prevention, screening, and risk assessment actions related to alcohol and/or tobacco consumption and mental health conditions in this population, as well as conducting discussion groups, activities in waiting rooms, and the development of educational materials. The extension workers highlighted that the experiences with the elderly population were significant for their academic training and professional qualification, with an emphasis on the development of competencies related to health education actions.

Keywords: Substance-Related Disorders. Mental Health. Aged.

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RESUMO

Este artigo tem como objetivo analisar as contribuições da atividade de extensão “Promoção da Saúde enquanto Estratégia de Prevenção ao Uso de Álcool e/ou Tabaco em Pessoas Idosas Atendidas em Unidades de Saúde da Família e os Cuidados no Âmbito da Saúde Mental”. Trata-se de um relato de experiência desenvolvido na Atenção Primária à Saúde de um município do interior do estado de São Paulo, Brasil. As atividades foram realizadas na Universidade, nas Unidades de Saúde e nos domicílios dos idosos. As vivências contemplaram ações de prevenção, rastreamento e avaliação de risco relacionados ao consumo de álcool e/ou tabaco e às condições de saúde mental nesta população, bem como a realização de rodas de conversa, atividades em salas de espera e elaboração de materiais educativos. Os extensionistas destacaram que as experiências junto à população idosa foram significativas para formação acadêmica e qualificação profissional, com ênfase no desenvolvimento de competências relacionadas às ações de educação em saúde.

Palavras-chave: Transtornos Relacionados ao Uso de Substâncias. Saúde Mental. Pessoas idosas.

RESUMEN

Este artículo tiene como objetivo analizar las contribuciones de la actividad de extensión titulada “Promoción de la salud como estrategia para la prevención del consumo de alcohol y/o tabaco en personas mayores atendidas en Unidades de Salud de la Familia y en el ámbito de la salud mental”. Se trata de un relato de experiencia desarrollado en la Atención Primaria de Salud en un municipio del interior del estado de São Paulo, Brasil. Las actividades se llevaron a cabo en la universidad, en las Unidades de Salud y en los domicilios de las personas mayores. Las experiencias incluyeron acciones de prevención, tamizaje y evaluación de riesgos relacionados con el consumo de alcohol y/o tabaco, así como con las condiciones de salud mental en esta población. También contemplaron la realización de círculos de conversación, actividades en salas de espera y la elaboración de materiales educativos. Los estudiantes extensionistas destacaron que las experiencias con la población mayor fueron significativas para su formación académica y cualificación profesional, con énfasis en el desarrollo de competencias relacionadas con las acciones de educación en salud.

Palabras clave: Trastornos Relacionados con Sustancias. Salud Mental. Personas Mayores.

INTRODUCTION

The extension project “Health Promotion as a Strategy for Preventing Alcohol and/or Tobacco Use in Elderly People Attended at Family Health Units and Care Provided in the Context of Mental Health”, linked to the Office of Extension of the Universidade Federal de São Carlos (UFSCar), It is composed of faculty and undergraduate and graduate students from the Departments of Gerontology (DGERO) and Nursing (DENF), as well as an external faculty member, who develop health education activities focused on the assessment of chemical dependency in elderly people in the community.

The project arose from the initiative to strengthen the three pillars of teaching, research, and outreach, as advocated by the Federal Constitution of 1988¹, in its Article 207, which establishes the inseparability between these dimensions, being the structural basis of universities. The principle of inseparability seeks to ensure that teaching in universities is not restricted only to theoretical content; that research, in its genesis, has relevance in the social sphere and that extension is not limited to welfare practices, configuring itself as a process of educational exchange^{1,2}.

In this context, the mentioned project allows students in health-related courses to enhance their training, develop critical thinking, improve their professional practice, and broaden their social experience. These experiences are based on Health Education actions, which correspond to a continuous process aimed at empowering social actors and the community to understand the factors that influence the health-disease process, using practices directed towards health promotion, prevention, rehabilitation, and care³.

These experiences encompassed four structuring axes: 1) theoretical improvement at the university through a training process with extension workers, based on dialogical and participatory educational actions aimed at teaching the prevention of alcohol and/or tobacco use, screening, risk assessment, and mental health care strategies; 2) development of educational material related to the themes; 3) articulation with the local health

network and conducting discussion groups and activities in classrooms at the units; 4) on-site actions carried out in Health Units and the homes of elderly people for screening and risk assessment related to alcohol and/or tobacco use, as well as the presence of psychological conditions such as depression and anxiety.

It is significant that the scientific literature addresses in a consolidated manner the biopsychosocial impacts of aging, evidenced by gradual physical losses in mobility, autonomy and independence, frailty syndrome, the onset of chronic diseases, changes in social roles, retirement, grief, loneliness, anxiety and dementia⁴⁻⁷. However, when analyzing the studies, a reduced number of research studies focused on the prevention, detection, diagnosis and treatment of alcohol and tobacco consumption in older people is observed, which is sometimes justified by social beliefs that, as individuals age, they stop consuming them⁸.

Furthermore, the "normalization of substance use" persists among elderly people, based on the perception of lifelong use "without apparent consequences", which would minimize potential health risks⁹⁻¹⁰. Some studies show that alcohol and tobacco occupy the social place of legal substances most consumed by this population, although in smaller numbers compared to other populations. Studies also explain that the initiation of consumption is frequently related to teenage years and it can persist throughout the life course, with periods of abstinence and return to use¹¹⁻¹².

Because they are legal substances, whose deleterious effects tend to manifest in the long term, their use is socially accepted¹³. In this context, investigating alcohol and tobacco consumption in the elderly population becomes an essential strategy both to assess usage patterns and to develop community actions aimed at harm reduction and health promotion. Likewise, scientific evidence confirms that moderate to high consumption of alcohol and tobacco can worsen clinical conditions or trigger new health problems in this population¹³⁻¹⁴.

Thus, based on scientific evidence, an outreach project that includes actions to prevent alcohol and tobacco use among older adults, a historically neglected topic, constitutes a relevant strategy for strengthening comprehensive care for older adults. Given the above, this experience report aims to describe the experiences and activities developed by outreach workers within the project "Health Promotion as a Strategy for Preventing Alcohol and/or Tobacco Use in Older Adults Attended at Family Health Units and Mental Health Care".

CRITICAL DESCRIPTION OF THE EXPERIENCE

This is an experience report describing the activities developed in an Extension Project, carried out by professors, undergraduate and graduate students. This report is relevant because it gives visibility to the educational actions carried out daily, broadening the perspective and strengthening the interface with the community¹⁵. Furthermore, this report contributes to strengthening scientific production on extension in Brazil, with the aim of encouraging it through practical initiatives.

This Extension Project incorporated the actions of a scientific research project duly approved by the Research Ethics Committee of UFSCar, under CAAE No. 79525124.0.0000.5504 and opinion No. 7.254.110. The project was developed between April and December 2025 at the proposing institution, located in the city of São Carlos (SP), Brazil. The field practice took place at the University, in Health Units, through a partnership with the local Municipal Health Department, and in the homes of elderly people, by appointment through health services. The project had the collaboration of professionals from the Health Care Network.

The project activities included theoretical enhancement, development of educational materials, conducting discussion groups, activities in waiting rooms, and screening for alcohol and/or tobacco use and mental health conditions using standardized instruments for older adults.

Theoretical enhancement: training sessions were developed at the University with extension students, guided by a dialogical and critical-reflective perspective. These sessions included discussions on health prevention, screening, and intersectoral care for elderly people with needs related to alcohol and/or tobacco use and mental health in Primary Health Care, as well as the importance of this assessment for the continuity of care in Health Units.

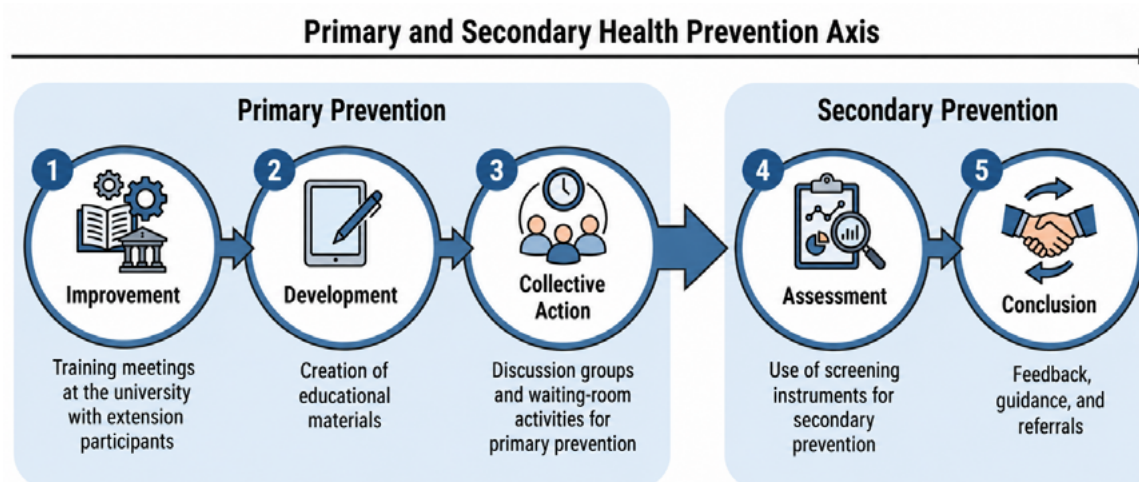
Development of educational material: three psychoeducational brochures were developed by the extension workers, namely: 1) *Risks of excessive ALCOHOL consumption* – addressing alcoholism, available treatment services and harm reduction strategies; 2) *Do you use TOBACCO?* – explaining about the substance, the impacts of smoking on health, the risks of passive smoking and treatment options; 3) *The importance of mental health* – defining mental health, offering tips for maintaining it, describing common problems and indicating services to which one can turn for help.

Conversation circles and activities in waiting rooms: Conversation circles and activities were developed in waiting rooms at Health Units, creating dialogical spaces for health education focused on prevention, health promotion, screening, and care regarding alcohol and/or tobacco use and the mental health needs of the elderly population. During these sessions, strategies for psychoeducation, reducing consumption, and strengthening self-care were discussed, fostering community engagement and encouraging the participation of elderly individuals in screening for these health conditions.

Assessment of the Elderly Person (health condition screening instruments): an assessment protocol was developed containing instruments designed to assess the use of psychoactive substances and to screen for common mental disorders in the elderly population. The protocol included the Alcohol Use Disorder Identification Test (AUDIT) – an instrument created by Babor et al.¹⁶⁻¹⁷ and validated for the Brazilian context by Lima et al.¹⁸, the Fagerström Nicotine Dependence Test (TDNF) – created by Fagerström¹⁹ and validated by Carmo and Pueyo²⁰, the Modified Reasons for Smoking Scale (MRSS) – created by Horn and Waingrow²¹ and validated by Souza et al.²²⁻²³, the Geriatric Depression Scale (GDS-15) – created by Yesavage et al.²⁴ and validated by Almeida and Almeida²⁵, and the Geriatric Anxiety Inventory (GAI) – created by Pachana et al.²⁶ and validated by Ribeiro et al.²⁷. The instruments were selected for their easy access and because they are already recommended in Primary Health Care as screening and monitoring tools. Assessments took place in Health Units and in the homes of elderly people interested in participating in the project. At the end, feedback on the results, health guidance, referrals when necessary, and delivery of educational material to encourage self-care were carried out.

It is worth highlighting that, in this extension project, the activities developed were articulated with the axes of university extension and technical-scientific training, considering the specificities of training in Gerontology, whose structuring axis includes the Multidimensional Assessment of the Elderly Person (MAEP) through screening and diagnostic instruments. In this context, the application of these instruments integrated the extension experience as part of the prevention strategies in Primary Health Care, directed towards disease prevention actions, focusing on the reduction of risks and specific conditions. Discussion groups, activities in waiting rooms, and the development of educational materials were actions that formed the formative basis of the project and contributed to the theoretical and practical learning of the extension students.

Figure 1 - Flow of activities developed in the extension project.



Notes: *Primary prevention:* actions aimed at preventing the onset of diseases. *Secondary prevention:* actions that seek to screen for and treat existing conditions promptly.

Source: authors, 2026 (developed in NotebookLM).

The project activities were carried out weekly, in the morning and afternoon shifts, both at the University and at the Health Units linked to the extension program. The project involved three professors and fifteen extension students, ten from undergraduate programs and five from graduate programs. During its execution, theoretical training sessions were held with the extension team, three educational materials were produced, thirty discussion groups and activities were conducted in waiting rooms at the Health Units, in addition to 235 health screening assessments.

It is worth highlighting that the extension project activities were also carried out with elderly people in the community who did not use alcohol or tobacco, since the promotion and prevention of mental health are fundamental pillars of health education. Regarding the prevention of smoking and alcoholism, the United Nations Organizations (UNO)²⁸ 2030 Agenda for Sustainable Development stands out, especially Sustainable Development Goal (SDG) 3 – Good Health and Well-being, which seeks to strengthen the prevention and treatment of substance abuse use (Target 3.5) and promote the implementation of the Framework Convention on Tobacco Control (Target 3.a) in all countries.

Given this, participation in this extension project strengthened teaching practice in theoretical-practical subjects, broadening the approach to alcohol and/or tobacco consumption and mental health in older adults, reaffirming the integration of the teaching-research-extension triad. Therefore, the following section presents the experiences of the extension workers, based on the project's potential, the lessons learned, the challenges and barriers faced, the feelings experienced, and the perception of the actions, elements that were part of the experiences and the methodological process of this project.

RESULTS AND DISCUSSION

Information was gathered about the experiences of the extension students through electronic questionnaires on *Google Forms* and from contributions recorded in the extension project meetings. When asked about the project's potential, the extension students specified that:

Throughout the project, we were able to experience the strengthening of the bond with the users of the Health Units, expand interdisciplinary action, intervene early in risk factors, and establish partnerships between health professionals, promoting healthy aging actions in a humanized, fluid, and committed way. (Undergraduate extension students and postgraduate students)

The potential of extension projects has also been described in the scientific literature through the study by Ferreira and Garreto²⁹, who stated that “University Extension is essential for teacher training, as it enables the process of knowledge construction from the experience of the reality of the environment” p.18. In addition, the authors discuss that these actions enable social transformation, promote closer contact with the target audience, favor the development of learning and broaden the vision of performance in the future practice scenario²⁹, also seen in this experience.

Continuing, when asked about the lessons learned, the extension students reported:

The lessons learned throughout the project were vast and transformative, highlighting, above all, the importance of organized teamwork. This allowed us to optimize the development of various activities, such as discussion groups in Health Units, actions in waiting rooms with informative themes, and the assessment of elderly people through screening instruments, ensuring ethical conduct at all stages. In addition, it facilitated coordination with the Health Units for the continuity of follow-up. (Undergraduate extension students and postgraduate students)

These testimonies reaffirm the need for investment in training and professional qualification in the field of Gerontology in Brazil, starting from undergraduate studies, since Gerontology is the science that investigates

the biopsychosocial aging processes and care strategies aimed at reducing harm to health and improving quality of life³⁰⁻³¹. Likewise, the demographic transition has shown an increase in this age group, and projections indicate that this trend will continue in the coming years³². Given this scenario, promoting quality training and offering contact and visibility to this population through extension projects has been fundamental.

The study by Santos et al.³³ indicated that the Brazilian population is not yet prepared for population aging, highlighting that health professionals should invest in promotion and prevention actions to transform this reality. Another study, conducted by Souza et al.⁴, also identified this reality at the global and national levels, highlighting challenges in the care of this population, such as the low supply of services and low healthcare assistance for the elderly. The findings reinforced the need for training and professional qualification in the gerontological area in Brazil.

Given these weaknesses, extension students also identified them in practice:

One of the main barriers was coordinating with some Family Health teams, which were frequently overwhelmed with demands. This required our team to adopt a proactive and persistent approach to ensure the continuity of the project's activities. Other challenges were related to logistics and territory, including travel to distant neighborhoods and difficulties in scheduling assessments through the health teams, which demanded greater organization. However, social barriers were the most impactful aspect throughout the experience, as conducting home visits meant directly witnessing conditions of social vulnerability and precarious housing that affect quality of life. In addition, addressing sensitive topics such as alcohol and tobacco use and mental suffering presented a challenge, requiring considerable tact and sensitivity in conducting assessments and interventions. (Undergraduate extension students and postgraduate students)

Thus, the barriers faced by extension students become opportunities for the development of essential professional skills, such as proactivity, persistence, resilience, and organization. Access to the territory through university extension reveals the phenomena that permeate the relationships of social and health vulnerabilities. Therefore, observing these social determinants that affect health is an extremely relevant practice for proposing effective care strategies, and should be addressed ethically and sensitively in the promotion of comprehensive care.

Regarding the assessment of older adults and health education practices focused on reducing alcohol and/or tobacco consumption and maintaining mental health, the extension students reported:

The extension project brought me closer to the practice and daily routine of professionals working in the Family Health Strategy, alongside a population that demands greater care and attention. Regarding the screening assessments, I observed that many elderly smokers who sought the project wanted to quit smoking or reduce their consumption, as they considered it excessive; many of them presented a high degree of dependence. Among the elderly who used alcohol, the assessments generally identified a low pattern of consumption, and even with guidance on prevention and health care, many did not show interest in stopping. On the other hand, elderly people with mental health needs sought the project mainly to identify these conditions and begin follow-up more quickly, often finding in this space the possibility of being heard and supported, something that does not always happen quickly in the daily routine of Health Units, due to the overload of services. Thus, the health assessment space offered by this extension project functioned as a complementary service, enabling older adults to identify and track their health conditions and, based on this tracking, reflect on possible changes in their lifestyle habits. It was also constantly emphasized that the results of the assessments should be shared with the health team for registration and follow-up by a professional from the local unit. (Postgraduate extension students)

Health education practices, such as discussion groups and waiting room activities focused on substance use prevention and harm reduction strategies, were frequently implemented in the Health Units. Many participants were receptive and engaged in these activities, asking questions and showing interest in how they could improve their lifestyle habits. Through these discussion groups, they also expressed a desire to participate in assessments to identify issues related to alcohol and tobacco use, and to evaluate whether their consumption was low-risk or excessive. However, some elderly individuals did not show much interest in the project activities, reporting that they had smoked and drunk all their lives without ever having problems. Despite these accounts, we disseminated information about the harms of consuming these substances, in addition to distributing educational materials for individual reading or with the support of family members. (Undergraduate extension students)

Based on these testimonies, it becomes possible to observe that prevention and care strategies are practices that should be present in the daily routine of healthcare. The National Primary Care Policy, established by Ordinance No. 2,436/2017 within the scope of the Unified Health System (UHS), proposes that these actions be developed in the territory in order to reduce possible risks and harm to the population. These actions should encompass specialized care, campaigns, and guidance³⁴. Thus, when these actions are associated with the University, there is a strengthening of applied scientific and social practices, evidenced in many extension projects.

Among the care practices developed in Primary Health Care (PHC)³⁴ is the reduction and/or cessation of alcohol and tobacco consumption, since the scientific literature proves that this is a public health problem affecting the general population¹¹⁻¹⁴. Thus, the presence of the university, through extension projects in PHC/UHS facilities, tends to strengthen the theoretical-practical axis, a phenomenon also reported by the extension students:

During the extension project, I was able to experience human aging beyond what was taught in undergraduate textbooks [...]. Compared to my undergraduate studies, this experience provided me with unparalleled academic maturity, as it allowed me to practice active listening and a holistic view of the elderly person within their community, moving from theory to practice and experiencing reality as it truly is. (Undergraduate extension student)

It provided me with a great deal of learning, especially regarding the application of screening tools for mental health conditions and substance use. (undergraduate extension student)

When asked about the feelings experienced during the project's activities, the extension students addressed the following:

Participation in the project evoked intense and contrasting feelings. While the welcoming and affection shown by the elderly brought satisfaction, the direct confrontation with the precariousness of their living conditions generated profound sadness. However, the constant support from the project group allowed me to process these emotions and maintain focus, continuing the activities to improve each day and accomplish what was proposed in relation to the outreach. (Undergraduate extension student)

During the extension project, I was able to experience unforgettable moments and learn something new every day and with every evaluation. Encountering countless elderly people who carry within them unique stories, emotions, and accounts certainly instilled in me the desire to make a difference in gerontology. (Undergraduate extension student)

These accounts reflect the feelings experienced by healthcare professionals working in socially vulnerable settings³⁵. Observing environments that foster physical and emotional illness is a task that demands resilience, sensitivity, and ethical commitment. Often, contact with these realities provokes unease, but it also strengthens a critical and humane perspective on the needs of the population. This is a necessary perspective, especially for students who will later become professionals and work in these healthcare settings, as well as representing a possibility of re-signification for those already working at the area.

CONCLUSION

This outreach project allowed undergraduate and graduate students to connect with the reality of elderly people who did or did not use alcohol and/or tobacco, as well as their mental health needs. The outreach participants reported significant learning experiences both theoretically and practically through their community experiences. The project activities integrated actions focused on health promotion and prevention, represented, within the scope of this outreach, by discussion groups, waiting room activities, guidance and health care through educational materials, as well as the assessment of health conditions using specific instruments, with a view to tracking and expanding access to treatments in Primary Health Care. The activities developed contributed to the training of outreach participants better prepared for specialized interventions, focusing on vulnerable populations and the real needs of the territory.

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