

Collaborative Strategies between Health Staff and Social Work to Promote Addiction Treatment and Patient Education

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ABSTRACT

Introduction: The soil of drug use addiction is paved with difficulties and sufferings, linked to diverse subjects and social context issues, steadily rising. The health and human services network has been experiencing many difficulties in reaching treatment demands in an effective and humanized way due to fragilities originating from public policies and past institutional divisions that cause vulnerabilities in confronting addiction problems. The scarcity and non-distribution of resources and services in the territory aggravate the transitive situations and, in a certain manner, make these services almost the only existing ones responsible for the accumulation of diverse demand axes, situated mainly in the areas of education, health, citizens' rights, and social inclusion.

There is an insufficient conceptual field in the literature about the integrative exercises between the health sector and the area of social work intended to cope with the complexity of the problems systematically found in the "new drug user corporality." In these situations, pressure on health staff and the secondary physical and moral suffering of those who seek treatment, as well as the desire for specialization to accumulate a greater number of professional and technical apparatus, raise the level of challenge of health knowledge. Therefore, integrative care interests in the field of drug use should be an important alternative in those health and social knowledge production scenarios.

Methods: Introduction: Substance abuse is a problem that affects more than 4% of

people in the world and contributes to anorexia, disorder, tumor, hypertension, hepatic disorder, heart, and troubled disorder. Spain is a country facing life-threatening issues with significant costs caused by the obsession with various narcotic substances. In this case, health professionals, particularly social workers and addiction treatment specialists, have a prominent role to play by carrying out early research, linking up with key influencers in the person's context, and planning to address the many barriers in the world of drugs and psychoactive substances. This educational research presents findings from a Delphi analysis on collaborative strategies to carry out joint actions between health staff, social work, and the third sector to promote the treatment of addictions and the context of the people who use drugs.

Method: This research is a qualitative study using the Delphi method, including a convenience sample of 41 participants. The Delphi method combines empirical data and expert judgment to reach consensus. It has been successful in social and health sciences since the 1960s. The results show that discrimination can impact personal and professional development. Addiction treatments and patient education are influenced by social, educational, and media guidelines, affecting decision-making and professional risk.

Conclusion: We are convinced and committed to the development of interdisciplinary work among professional groups who are commonly part of the treatment for people with drug use problems. We are regulated by different principles or aesthetics in patient care, but all of our actions are aimed at the welfare of people who have suffered from the disease called addiction. We are all looking for ways to help them and make life more bearable for them, understanding that we each contribute from our professional competence and that none of us has or should have the truth about the problems that affect people. The alternative we propose may not solve the complexities of teamwork, make conflicts and relationships disappear, or purify work. They advocate an enrichment of the person-centered focus of the professionals with both a social and relational approach, taking interest in identifying with the biographical perspective. Furthermore, a therapeutic person focus is proposed, highlighted by the therapeutic alliance and egalitarianism, by interest in motivational work, in therapeutic support and empowerment. The consensus of governance and its later use within work teams will allow them a new reading and understanding of the cases cared for from an integrated approach. The most interesting way to work is to seek contact with other colleagues to achieve a transversal and integrated action, as without all the members of our team, we have no doubts that we will need the support and collaboration of the team's psychiatrist, lawyer, nurses, educators, and social workers, in order to meet the needs of our patients.

1. Introduction

The collaboration between health personnel and social workers has occurred during the treatment and curative steps. Regarding health professionals, their work has been focused on the medical, psychological, and social aspects of treated patients. The relationship team with health personnel attends to prevention by providing medical

and therapeutic education messages, but not with others such as material and sexual risk reduction and leisure opportunities. To bridge this gap, the health staff could foster the creation of networks with local social operators in order to guide them in this prevention and train them on behalf of the patients for whom they are responsible for their medical and therapeutic education issues. The partnership between health staff members and social workers could make it possible to consider the specific needs of each team's plan and the patients it serves. For health staff, it enables them to participate in this institution's professional core, therapeutic, and educational relationship considered "normal" by the patient. They intervene in support of social workers, which allows health staff members to focus on the main therapeutic mission. In this partnership, health personnel delegate to the social services their mission of relaying the messages addressed to the patients for whom they are responsible, in the field of sexual health, without undertaking the responsibility for these messages. The involvement of a social worker as an enrichment of the care team allows for a more global approach to the patient, to consolidate the application. However, it is important, in any case, to study the feasibility and acceptability of this kind of partnership since both health staff and social workers should be involved in its establishment.

1.1. Background and Rationale

Background: The Spanish central government fully regulates social work professionals in the General Health Law of 2011. However, specific laws do not exist, and in many autonomous communities, there are only legal situations referring to the Health Ministry, which are included in their health status, such as the National Health System, the role of the Spanish autonomous communities, and some of their characteristics, the prevention, management, and treatment of all those including addictions and mental health treatment. The Basic Statute includes the phrase in its articles, but although all these words begin with the letter S, there are none related to addictions. Coordination with organizations, in addition to the general law for the research and treatment of alcoholism, is essential at all system levels, which includes the Ministry of Health, social organizations, or non-governmental organizations, and 41.9% of the Addictive Pathology Act indicated as the most important the need in five of the models of care for "coordinating institutions, health and social authorities to provide global care that integrates medical, psychological, and social approaches."

The social health working degree defines a specialist who can work in different areas: housing assistance, implementation of resources, evaluation, problem analysis, advice, and orientation, etc. University regulations have been published, and degrees have been taught in many educational centers, but in 2011, an ecological change in the law was observed to obtain that the generic name of social worker was transformed into social graduate, and later this diploma has never been retroactively legalized as the computer engineering system was modified. The WHO indicates in the Health 2020 strategy that "persons who leave the sickness control system and receive long-term treatment place the system in check." This is necessary in industrialized systems, for example, European health systems, in the United States of America, or in transition systems, such as South Korea. The situation calls for collaborative work of professionals who take into account the different aspects of patient health simultaneously and not only a single aspect. This collaboration focuses

on other professionals, institutions, and even the patient's family, and today, the main interest is in collaboration pathways with the Ministry of Health, non-profit organizations, and family literacy for the treatment of patient care addiction.

1.2. Scope and Significance of the Study

The scope of this essay is to present how the collaboration of health staff and other collaborating sciences, especially social work, can employ tactics and special interventions for effectively managing the addicted patient. Drawing from the tenets and principles of social work in delivering high-quality health services, we will outline and illustrate key and concrete strategies of how health staff and social support professionals can collaborate and respond with the principles of the strengths-based perspective in patient care in order to effectively combat the complexity of an individual's drug dependence issues. The significance of the health administration staff and social support professionals in reducing the burdens of chronic illnesses on these patients and their families regarding chronic health diseases such as diabetes and cardiovascular cases is presented. Such strategies help provide a practical model for mental health strategies and special interventions into health administration and social support professionals working every day to reduce the health care disparities that cause social distress and disorganization.

We address how the health staff can work together with professional social workers to promote a plan of care that includes the design of clinical pathways. These strategies involve the creation of guidelines and determining the different stages of the patient's admission, the realization of exercises to train clinical practice, and the management of resources. Many patients admitted to mental health and addiction programs have coexisting physical illnesses and often an untreated neurological condition. Patients in hospitals and addicted individuals looking for therapies and rehabilitation have very poor access to even the most basic treatment for their major illnesses. Head injury and amnesia are common neurological diagnoses found within clinical protocols, despite patient factors and traumatic brain injury leading to a fundamentally different approach compared to those from the wider neurosurgical cohort.

2. Understanding Addiction and Treatment

Our current society is facing changes in cultural values, in the interactions and references of its members to cope in a complex world. This transformation causes turmoil in some people, who may seek ways to escape their feelings of discomfort or disbelief. Addictions are, in general, ways that people find to ease suffering, find social acceptance, or belong to something. The need to escape, distance oneself from reality, the search for oblivion, and the search for an impossible "happiness" are some of the reasons that lead people to resort to addictions, such as alcohol, tobacco, other drugs, gambling, the Internet, and others. Although they provide moments of well-being, they are non-sustainable strategies due to the risks and harm they generate, not only for the physical integrity of the individual but also for the lives of their close circle of relationships: family, friends, colleagues, and neighbors. Our current society is experiencing a period of consumerism and well-being. It is a time when people want to consume more and at lower prices, akin to the false self. Many

addicts get lost in this fictitious world. They lose contact with society and with themselves. To be in constant contact with addiction also means seeking help. However, the stigmatization and guilt that, for example, people with alcoholism suffer makes them want to seek help anonymously. Attending an addiction consultation implies recognition of the problem. To be there implies accepting the existence of a problem; however, not recognizing it or not wanting to enter into the game of addiction. This consultation is a source of discomfort. Furthermore, it is an eminent exposure of the individual in their family environment, finding little encouragement or incentive to do it. Undergoing treatment means letting go of the benefits offered by the addictive object at any given time. The absence of some means of "comfort" and "entertainment" can make the return or continuity of contact in a future situation problematic. With the abandonment of these addictive behaviors, time becomes a great enemy. It is necessary to occupy this place with something useful and entertaining instead of getting lost once again in the illusory dream of happiness.

2.1. Definition and Types of Addiction

Addiction is a complex concept that has been defined and described based on different focuses. It is understood as a complex disease that affects various areas, and the definition, prevention, and treatment of this problem are difficult to carry out, considering the multiple levels of understanding and the degree of social acceptance that often exists. The term can be contextualized to different root causes and consequences, such as drug addiction, alcoholism, smoking, and other unhealthy habits or dependencies. In the medical field, some concepts and classifications appear, helping the understanding and guidance of the necessary care for treatment. Harmful alcohol consumption and the use of drugs are responsible for a significant portion of the global disease burden due to disability, illness, and early death in both developed and developing countries. It provokes health conditions like cirrhosis and gastritis, affects memory and cognitive capacity, can cause psychiatric disorders, and has a high rate of premature deaths. (Rumgay et al.2021)(Asrani et al., 2021)(Ritchie & Roser, 2023)(Shao et al.2024)

Drugs have the capacity to alter mood and psychological state, such as marijuana, cocaine, alcohol, and tobacco. Some of these substances also cause physical dependence, which can lead to strong withdrawal symptoms when stopped. It is important to remember that dependence on drugs also has biological aspects, not only social and psychological. The set of behaviors seen in dependence on these substances is called substance use disorder, which is perceived when mental and behavioral changes occur after the user consumes these psychoactive substances, causing them to develop strong desires to consume alcohol or drugs, lose control when consumption occurs, and continue using them even if it causes damage to health, work, affective relationships, and social life.

2.2. Evidence-Based Treatment Approaches

Scientific research over the last three decades has shown that substance use disorders are complex, chronic conditions that affect functioning not only on a neurological level, but also on social and personal levels. Many evidence-based treatments exist that can be used alone or in combination to help improve patients' outcomes. The

choice of modality depends on the specific characteristics of the patient and setting, but it is common to choose among behavioral, pharmacological, and psychotherapeutic approaches. Regardless of the chosen approach, an important aspect of treatment is to engage and maintain patients in the long term while ensuring collaborative work between different professionals to reduce dissatisfaction. Some key points for the choice of the best approach and treatment for the individual patient can be found in the analysis of the function and motivation for the use of the substance or the appearance of any symptoms. Pharmacological treatments are only effective and clinically appropriate in certain patients. The type of relationship and interaction with drugs and their problematic use can also have important implications to be considered in the evaluation of their possible use or contraindication. In the event that appropriate pharmacological strategies are not identified or indicated, psychotherapeutic skills are essential for the psychoeducational approach aimed at improving patients' abilities for self-assessment of their difficulties in following an addiction recovery lifestyle. Their tasks include assessing the willingness of the patient to accept an assignment to implement therapy or to conduct behavioral experiments in order to bring about any necessary changes, improving cognitive and emotional regulation skills to better manage internal states, and to act on the motives for the abuse, thus developing the skill to explore alternative activities.

3. Roles of Health Staff and Social Work in Addiction Treatment

Collaborative interprofessional strategies between the health staff and social work are necessary to increase the effectiveness during the process of health education concerning alcohol and benzodiazepines in ambulatory treatment for patients with addictions in specialized services at a teaching hospital. We describe specialized services that promote ambulatory patient care provided by a team of multidisciplinary healthcare professionals consisting of doctors, nurses, pharmacists, psychologists, and social workers. Social work is performed specifically by social workers who aim to mobilize the network of health or social care institutions or professionals in order to meet patients' socio-familiar needs. Specialized addictions services are presented as components of the National Health System and are responsible for ambulatory care for the patient's treatment. The team responsible for specialized services treats the physical, psychological, and social needs of patients and contributes to coordinating the network for promoting the necessary comprehensive patient care of integral health assistance. In Brazil, the responsible service for ambulatory patient care comprises a team of multidisciplinary healthcare professionals who provide clinical care, nursing care, pharmacy care, mental health, social assistance, and other ambulatory stages. The professionals in specialized services respond to users of the healthcare system; that is, they bring recognition of the user as an active subject in all of the work processes related to the provision of patient care. In this regard, the necessary skills for the daily relationships between patients and professionals were developed for patients' schooling in intended treatment.

3.1. Health Staff Responsibilities

Following the Finnish Healthcare Act, all nurses in healthcare are required to

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coordinate care and collaborate with different health professionals. They are responsible for taking up the social and care orientations outlined in the law and ensuring the availability of services that promote the use of nursing knowledge. To ensure quality in healthcare services, all staff members, from nurses to doctors, must work in a multidisciplinary way. This approach to acquiring comprehensive competence supports everyone. The responsibilities of professionals are divided, but it is imperative that the division of labor does not hinder the patient's contact with the specialist's field or the flow of information. Cooperation with healthcare within the application is based on the joint client meeting and commitment to seeking solutions for new and difficult challenges. It is important that different professional groups are able to target and acquire the services they excel in. For effective cooperation between different professional groups, it is important to know their skills and how each professional group can serve and support clients.

The recent reform of the Mental Health and Substance Abuse Act further aligns the responsibilities of primary health and social service professionals in close cooperation. The reform will support recovery in practice and improve the working conditions and development of work in places by taking into account the needs of patients and residents. The law will oblige health and social services, through cooperation and multidisciplinary hands-on measures, to support the client in the best possible way on the path of recovery in their life situation. The operating model implemented by the Development Project, which aims to improve the ease of obtaining services for substance users who need promoting interventions, serves as a guide for improving cooperation between health and other specialists. Based on the contents of the project, the direction of overall care and rehabilitation will be clarified, patient pathways and flows will be identified, and the meaning and duties of the workforce through the implementation of the operating model will be clarified.

3.2. Social Work Responsibilities

A common question that arises regarding a reference to social work in an addiction consultations team is the definition of activities. What professional competencies does social work provide in a consultative team with a view to a multidisciplinary approach? In addition to having as their own task the integral care of those affected by drug use, particularly users, families, and significant immediate environments, social work will participate in collaborative action with the health staff, also in the community, establishing links with external resources, social and therapeutic entities, housing and work opportunities, performance in the labor field, and in services of social character that have, as their own task, to improve the quality of life. Social work professionals take on the responsibility of collaborating in patient education, promoting collaborative groups among alcoholics, patients in substitution treatment, and relatives, as a resource to improve skills and relapse prevention attitudes, to serve as reinforcement in the outpatient therapeutic community.

Regarding addiction consultation, the Director included in the clinical practice guidelines for the Care of Patients with Alcohol Abuse or Dependence states specifically about what must be included in the training program offered to all those who regularly intervene in the process. It begins with an assessment of who the health staff is and their willingness to collaborate. The training program will also contain video presentations of doctors, nursing staff, and social work, and how to

perform the first dialogue with patients. In this regard, all professionals involved are participants in a common task that has its own criteria in the field, but must provide the service according to some agreed indicators. The care will strive to maintain a stable therapeutic relationship without, as occurs in other areas, setting limits by evasive attitudes. This does not mean occupying the training space, nor delegating the precepts of professional secrecy. Prior authorization will be the basis of the strategy. Social workers working in a user's addiction service must be perceived by all health staff as collaborative agents committed to the quality indicators required by a health service; aware of the epidemiological importance of providing them with resources and services offered by the network, thereby helping to facilitate access to complementary housing based on social conditions and to health services.

4. Importance of Collaboration in Addiction Treatment

The health professional must establish a close collaboration with the patient to better understand the treatment approach and the patient's receptive capacity. Therefore, the principle of equality in the treatment program must be an early priority, given that the patient and the professionals forming therapeutic units are each responsible. This collaboration should encourage the patient's ability to accept the condition of drug addiction, as well as a commitment to prevent relapse. It is also of absolute importance to develop the patient's ability to create satisfying social relationships that are not only with other drug addicts. Social work is a system that can be used in conjunction with other instruments as long as it is applied to the field of drug addiction. It encompasses relationships, social environments, first-time interactions, social conflicts, values, and social norms, as well as personal and community projects. Professionals incorporated in pharmacy education help the individual maintain autonomy in activities and improve their competence, quality of life, and abilities. The community relates to the activism of public health policies to expand unity and re-adhesion. This educational process consists of more than just restoring impaired individuality. It is also part of the process of transformation and education aimed at providing support in treating the individual. It can also be a strategy for convincing a person of the importance of the processes suppressed by drug addiction and gradually creating autonomy to modify social health structures, laws, and controls. (Goldberg & Warburton, 2021)(Ivanoff et al., 2024)(Nyashanu et al.2020)(Banks et al.2020)

4.1. Benefits of Interdisciplinary Collaboration

Support and care from key and empathetic contacts have a major impact on behavioral and clinical outcomes. Addiction care, aimed at promoting progress by attributing meaning to any form of progress and recognizing efforts made by patients, is most effective when working according to a team-based shared approach. In addition, effectively solving the problems experienced by drug users and alcoholics or their family members often involves a multidisciplinary approach in which a team of professionals with a high degree of cooperation can succeed in providing care in a difficult and recurring conflict. The importance of establishing partnerships between the different disciplines is emphasized in order to provide the best possible integrated care.

Addiction treatment programs tend to be more effective and have better outcomes when the multi-professional approach, primarily affiliated with social work, is the preferred model for addressing drug problems. Analyzing the practices of multidisciplinary teams of addiction treatment centers indicates that it is the quality, coherence, and shared vision of the partnership that allow professionals to effectively respond to the specificities of their clients and to support their approaches, which are always centered on a professional desire to help. In networks of professional addiction treatment programs, which focus on the patient care pathway, the importance of integration work, especially social work, would have a direct effect on the effectiveness of the services over time.

4.2. Barriers to Effective Collaboration

The professionals who deal with non-decriminalized drug dependence, mainly social workers and health staff working for the National Health Service, and obviously also those working for Delegated Health Administrations, are generally not integrated into multidisciplinary teams either. Secondary or hospital types serve patients with needs and characteristics that have already been scientifically identified. The general absence of social and health systems, which follow, complement, and sometimes replace their elective mandates according to the nature of the problems presented by these patients, has always been an insurmountable barrier to comprehensive intervention.

The collaboration between social services and health services in the management and treatment of patients with physical, psychiatric, and mental disorders, as well as addictions, is very difficult given the properties of both systems because they do not work simultaneously. The barriers to more effective collaboration between the two types of services are intimately related to the fragmented, sectorized, and disintegrated mode of the two services, and sometimes conflicting leadership. Among the many barriers to effective collaboration, we can mention: lack of awareness of mental health professionals regarding addiction problems; lack of collaboration between social workers and health staff; weakness or failure of formalized referral and consultation relationships. Although the health system can respond to the causes of the symptoms of the disease, there are hardly any resources to effectively help patients obtain the capacity to respond to their chronic problems, which manifest chronically, and to help family members living in suffering.

5. Strategies for Effective Collaboration

5.1. Adjusting to Changes in the Health System In the health system, patient care is organized according to medical conditions, with each specialized team taking charge. Despite specialized care, health staff must face the repercussions caused by the social, economic, and cultural factors that affect the lives of service users and are critical to their recovery. These repercussions are challenges for the multi-professional team, interfering with patient adherence, treatment response, re-hospitalizations, deterioration of the health condition or traumatic events, and delays in the patients' return to social life.

5.2. An Interdisciplinary Approach Interdisciplinary work and relations are widely encouraged by the health system, but finding strategies that permit service to take place at the intersection of social care

and healthcare continues to be a challenge. In the context of health and addiction, we need to broaden the focus on the biological aspects of substances and place them in the cultural, symbolic, and social context of the subjects' lives, whether patients or professional health staff who treat them using both mental healthcare and the right to citizenship perspective to be defended by social work. Collaboration with the health staff is strategic because they are the focal point of an already very difficult moment for the individual. They are the first to attend to the problems, are more exposed, and often do not have a place to discuss the suffering of their work. They may not even recognize the problem as their own, because how can they do so if this fact is ignored by the social network? In the context of CAPS-AD, support can only be provided if we talk to them and cooperate in the service process. We need to know and track the profiles, accessing the service's interior and contributing to the roles of public policies in the CAPS program. Only through this dialogue will it be possible to invest in the actions developed by this professional alongside service users and make social work effective in addressing the social, economic, political, rights, recognition, limits, and possibilities of addiction issues from the combination between healthcare and the right to citizenship.

5.1. Communication and Information Sharing

Improving communication between health staff and social workers at addiction treatment centers with regard to patients' educational, family, and social status helps to provide a much more realistic substance use prevention and attitude change education. Staff have the potential to reinforce good health education when they maintain communication with their students. Collaborative work centered on the student and their problems is the greater priority. Information exchange on these aspects helps align treatment methods and objectives in a way that best supports the patient in their rehabilitation. It will also help in evaluating treatment impact on attitudes and behaviors, particularly during therapeutic education review stages. The intervention should not be seen as a repair for damage, but rather as a means of prevention by combining medical, psychological, social, and educational supports.

The involvement of health staff in close communication with students and social workers offers numerous advantages regarding both addiction combating success and the patient's general atmosphere of living. It especially makes it possible to identify the signals warning of a possible risk for addiction phenomena before they appear in the form of organic, social, or family deficits. These signs may include memory difficulties, problems with authority, truancy, a lack of rapport with the outside world giving rise to social withdrawal, self-protection, a response to developing an identity, and various malfunctions at a personal or family level.

5.2. Teamwork and Case Conferencing

The objective of teamwork and case conferencing is to ensure the sharing of information, knowledge, experiences, and perspectives within the treatment team so that the qualities of treatment, health, preventive aspects, and long-term follow-up treatment and support are ensured. Teamwork and case conferencing contribute by establishing practice-based policy decisions and routines for collaboration between health staff and social work. By sharing information and perspectives regarding patient data in a teamwork context, health staff can include necessary and personal

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patient data from the staff of social work for risk evaluation, preventive measures, and treatment. It is also an opportunity to include prevention aspects and health-enhancing activities as part of the treatment process and daily skills in the treatment sessions. Teamwork and case conferences provide time to include perspectives related to health and treatment. Decisions and routines concerning when and how social work can positively contribute to treatment and the well-being of the patient, as well as how to include these aspects in the individual treatment plan, can be formed. Meetings in the form of teamwork and case conferencing can contribute to increasing knowledge of the roles of affiliate organizations and help create useful networks for knowledge and referrals. As common experiences, routines, and attitudes are formulated, teamwork and case conferencing can have a preventive effect in relation to potential conflicts that may arise regarding the interaction between health staff and other social staff or the patient.

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