

Abstinence Orientation Scale

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The *Abstinence Orientation Scale* is used as an indicator of a clinic's approach to Opioid Agonist Therapy. The 14-item scale asks questions about treatment goals and approaches. Each of these items is rated by the respondent on a 1-5 point scale, with lower scores reflecting a maintenance orientation, and higher scores indicating an abstinence orientation. A maintenance orientation is reflected by therapy that supports long-term opioid agonist therapy (OAT), whereas abstinence orientation supports an ultimate goal of detoxification from all opioid agonists. Abstinence orientation has been linked to lower retention rates, more restrictive dosing and take-home privileges and more punitive responses to illicit drug use. Counselors that endorse abstinence are also more likely to score lower on a test of knowledge of OAT risks and benefits. A score higher than three would suggest that at least some staff hold fairly strong abstinence orientation beliefs. If your clinic has scored close to 3 or higher, you may want to consider interventions for increasing your staff members' knowledge about the benefits of long-term OAT and the risks associated with detoxification. Suggestions include inviting guest speakers on this topic or developing a journal club for staff to read and discuss key articles related to this issue. Key references are listed in the orientation evidence summary.

Scoring the Orientation Scale:

The items are scored on a five point Likert scale with strongly disagree having a score of 1; disagree = 2; uncertain=3; agree = 4; and strongly agree =5. On questions 3, 5, 12, and 14, the score was reversed, with strongly disagree = 5, disagree = 4, uncertain = 3, etc. Scores are calculated by dividing the total for the scale by the number of questions answered, with a range of 1-5. If you are using the *Excel Case Management Log*, you do not need to reverse score questions 3, 5, 12, and 14. The computer program will automatically reverse score them for you.

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Please indicate your level of agreement with each of the following statements, using the scale provided. Please select only one answer for each statement.

1. Methadone maintenance patients who continue to use illicit opiates should have their doses of methadone reduced.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

2. Maintenance patients who ignore repeated warnings to stop using illicit opiates should be gradually withdrawn off methadone.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

3. No limits should be set on the duration of methadone maintenance.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

4. Methadone should be gradually withdrawn once a maintenance patient has ceased using illicit opiates.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

5. Methadone services should be expanded so that all narcotic addicts who want methadone maintenance can receive it.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

6. Methadone maintenance patients who continue to abuse non-opioid drugs (e.g., benzodiazepines) should have their dose of methadone reduced.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

7. Abstinence from all opioids (including methadone) should be the principal goal of methadone maintenance.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

8. Left to themselves, most methadone patients would stay on methadone for life.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

9. Maintenance patients should only be given enough methadone to prevent the onset of withdrawals.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

10. It is unethical to maintain addicts on methadone indefinitely.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

11. The clinician's principal role is to prepare methadone maintenance patients for drug-free living.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

12. It is unethical to deny a narcotic addict methadone maintenance.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

13. Confrontation is necessary in the treatment of drug addicts.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

14. The clinician should encourage patients to remain in methadone maintenance for at least three to four years.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

Thank you for your help