

The Attitudes toward MAT Scale
(Cavazos-Rehg et al., 2018)

Instructions. Responses for each of the 36 items are rated on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree” with 5 indicating the most positive attitudes toward MAT. Reverse coded items are marked with (R), with 5 indicating the *least* positive attitudes toward MAT

1. MAT takes away the craving of opioids
2. Taking MAT is only replacing one addiction with another (R)
3. MAT allows individuals who have misused opioids to lead a normal life
4. With MAT you can eventually get off drugs if you want to
5. MAT in a treatment program gives you a “high” just like opioids (R)
6. Once you’re on MAT, you have to keep taking it (R)
7. People’s reflexes and coordination are not good when they are taking MAT (R)
8. It is harder to get off MAT than it is to get off opioids (R)
9. MAT decreases the sex drive for those who use it (R)
10. MAT can rot your bones (R)
11. It’s harder to concentrate when you’re taking MAT (R)
12. MAT does a lot more good for people than bad
13. The sooner a person stops taking MAT, the better (R)
14. A reason why MAT has caused problems is because people can get it too easily (R)
15. A person is better off taking MAT than opioids
16. The worst thing about MAT is having to take it every day (R)
17. MAT is more of a problem than opioids ever were (R)
18. MAT is a safe drug
19. MAT is a crutch (R)
20. MAT can make you sleepy (R)
21. MAT has proven to be the best way of quitting opioids
22. In the long run, MAT is more helpful than harmful
23. Opioid misuse is worse than MAT misuse
24. MAT programs sometimes act as agents for the police (R)
25. MAT is as dangerous as opioids (R)
26. MAT has been used more to stop crime than to help individuals who misuse opioids (R)
27. MAT abuse is happening more and more (R)
28. It is safe to use MAT the entire time the individual is pregnant
29. MAT is the safest treatment option for pregnant women who misuse opioids
30. An individual’s MAT dosage will stay the same over the course of pregnancy
31. The more MAT an individual takes, the higher chance the baby will experience Neonatal Abstinence Syndrome (NAS) (R)
32. A pregnant individual needs to take less MAT closer to the birth date
33. If an individual starts MAT while pregnant, their baby will experience withdrawal side effects (R)

- 34. An individual's prenatal care provider needs to know your MAT dose (R)
- 35. An individual's doctor and MAT prescriber do not need to be in contact after birth
- 36. An individual should keep the same dosage of MAT after birth

Scoring.

To achieve an overall attitudes towards MAT score, average the Likert scale score for all 36 items. To achieve each subscale score, average scores for items in each subscale.

- **Subscale 1:** Positive perceptions of MAT
 - Items 1, 3, 4, 12, 15, 18, 21, 22, 23
- **Subscale 2:** Negative perceptions of MAT
 - Items 2, 5, 7, 9, 10, 20, 25
- **Subscale 3:** Negative perceptions of MAT administration and regulation
 - Items 14, 17, 24, 26, 27
- **Subscale 4:** Perceptions of MAT and pregnancy
 - Items 28, 29, 30, 31, 32, 33, 34, 35, 36

Citation:

Cavazos-Rehg, P. A., Krauss, M. J, Costello, S. J, et al. (2018). Delivering information about medication assisted treatment to individuals who misuse opioids through a mobile app: A pilot study. *Journal of Public Health*, 42(1), 149-154.