Table 3 Attitudes about drug/alcohol use among medical students in Lebanon (*n* = 231)

Item	Agree/strongly agree		Disagree/strongly disagree		Uncertain	
	No.	%	No.	%	No.	%
My medical training was adequate in:						
Alcohol abuse/dependence	86	38.2	88	39.1	55	24.4
Drug abuse/dependence	77	34.4	77	34.4	70	31.3
Interested to work in drug dependence field	66	29.1	92	40.5	70	30.4
The doctor must intervene when patients use alcohol/drugs at potentially hazardous levels	170	75.9	29	13.0	25	11.2
Intervention when alcohol/drugs are used at hazardous levels is rarely successful	62	27.6	107	47.6	56	24.9
A doctor can adequately intervene only when physical dependence occurs	62	27.6	101	44.9	62	27.6
A doctor can responsibly self-medicate with legal psychoactive drugs	133	60.2	58	26.2	30	13.6
A pharmacist can responsibly self-medicate with legal psycho-active drugs	55	23.7	133	58.0	42	18.3
Other health professional can responsibly self-medicate with legal psycho-active drugs	38	16.7	60	26.3	31	13.6
The general public can responsibly self-medicate with legal psycho-active drugs	27	11.7	177	77.1	26	11.3
Patients with substance abuse are readily identified	63	29.7	86	40.6	63	29.7
Prognosis of patient with alcohol/drug dependence is influenced by:						
Supportive relationships	187	85.4	17	7.8	15	6.9
Patient's motivation to change	180	82.6	16	7.3	22	10.1
Appropriate management	176	80.4	16	7.3	27	12.3
The doctor should discuss the patient's alcohol/drug problem with:						
The patient alone	159	76.1	31	14.83	21	9.1
The patient and close family, with the patient's permission	164	77.7	23	10.90	24	11.4
Patient's motivation is required for intervention	167	80.7	24	11.6	16	7.7
How effective do you feel in helping patients:	Most effective		Least effective		Neutral	
Reduce alcohol intake	108	47.0	33	15.4	81	37.7
Reduce illicit drug use	91	42.1	46	21.3	79	36.6
Quit smoking	89	41.4	56	26.0	70	32.6

Where there is missing data, a valid percentage is reported.