between the cities were consistent when comparing the London and Singapore smokers (overall, 2.0 ± 1.1 vs 1.6 ± 1.1, p < 0.001) and non-smokers (overall, 2.0 ± 1.4 vs 1.4 ± 0.8, p < 0.001) (Table 1). Londoners experienced more disgust when viewing the images (79% vs 53%, p < 0.001) and felt they were more effective deterrents (51% vs 35%, p = 0.011). One-in-five participants in Singapore were unaware of the association between smoking and lung cancer, despite it being the most deterring risk; blindness was the least well-known consequence in London (24%) and Singapore (34%, p = 0.075) despite being ranked ahead of stroke, oral cancer, and in smokers, ahead of heart disease for importance to prevent/treat.

Abstract S77 Table 1 Processing of GHWL; comparing all participants, non-smokers and smokers in London vs Singapore

Processing (/5) (SD)	All			Non-smokers			Smokers		
	Sing	London	p	Sing	London	p	Sing	London	p
Carefully read labels	1.8 (1.1)	2.2(1.2)	0.004	1.6 (0.9)	2.1(1.3)	0.024	1.9 (1.2)	2.4(1.1)	0.028
Often read labels	1.7 (1.1)	2.2(1.3)	<0.001	1.5 (0.9)	2.2(1.4)	0.001	1.9 (1.2)	2.3(1.0)	0.095
Ever talked about	1.5 (1.1)	2.2(1.4)	<0.001	1.6 (1.1)	2.3(1.5)	0.001	1.5 (1.2)	2.0(1.1)	0.039
Often think about	1.6 (1.0)	2.4(1.4)	<0.001	1.5 (0.9)	2.5(1.4)	0.001	1.8 (1.1)	2.4(1.3)	0.006
Inc. when not in sight	1.3 (0.7)	1.8(1.1)	<0.001	1.1 (0.6)	1.8(1.2)	0.001	1.4 (0.9)	1.8(1.0)	0.040
Kept labels as reminder	1.0 (0.3)	1.3(0.8)	0.001	1.0 (0.2)	1.3(0.9)	0.021	1.0 (0.3)	1.3(0.8)	0.023

Conclusion A desensitisation to graphic health warning labels occurs with extended exposure. Non-smokers are prone to the same desensitisation as smokers are. In pre-empting this, the awareness and impact of specific health risks need to be actively utilised, in concerted public health campaigns, to help maintain label efficacy.

S78 | ELECTRONIC CIGARETTE ADVERTISING IMPACTS ADVERSELY ON SMOKING BEHAVIOUR WITHIN A LONDON STUDENT COHORT: A CROSS-SECTIONAL SURVEY

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Introduction In contrast to tobacco smoking, electronic cigarette ("vaping") advertisement has been approved in the UK since January 2013. Currently, there are 2.6 million e-cigarette users in the UK. The impact of e-cigarette advertisement on tobacco use has not been studied in detail. We hypothesised that e-cigarette advertisement impacts on smoking behaviour.
Methods A structured survey was constructed to assess the impact of e-cigarette advertising on the perceived social acceptability of cigarette smoking; and, on trying both cigarettes and e-cigarettes (on a scale of 1 to 5/'not at all' to 'a great deal'). The survey was administered between January to March 2015 to London university students, before and after viewing 5 UK adverts including a TV commercial.
Results Data were collected from 106 participants (22 ± 2 years, 66%male), comprising 34 current cigarette-smokers, 57 non-smokers and 15 ex-smokers. There were 17 vapers, 82 non-vapers and 7 ex-vapers. After viewing the adverts, both smokers (2.6 ± 1.0 vs 3.8 ± 1.1, p = 0.0002) and non-smokers (3.2 ± 0.7 vs 3.7 ± 0.8, p = 0.004) felt e-cigarette advertising increased the social acceptability of smoking; and, both smokers and non-smokers were more likely to try e-cigarettes (3.6 ± 1.0 and 2.6 ± 1.0 respectively, p < 0.0001) as well as conventional cigarettes (3.4 ± 1.0 and 1.5 ± 0.9 respectively, p < 0.0001). Additionally after viewing, vapers felt e-cigarettes were 'less effective' at helping people stop smoking compared to before (3.6 ± 0.7 vs 4.0 ± 0.6, p = 0.004).
Conclusion E-cigarette advertising encourages e-cigarette *and* conventional cigarette use in young smokers and non-smokers. The adverts impact on the social acceptability of smoking without regarding the importance of smoking cessation.

S79 | THE ELECTRONIC CASE-BASED DISCUSSION; A NOVEL TEACHING METHOD APPLIED TO SMOKING CESSATION

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Introduction Current smoking cessation training in U. K. medical schools fails to equip junior doctors with the skills necessary to effectively combat the leading preventable cause of death and disease.[1] Here I present a novel teaching method using an electronic Case-Based Discussion (eCBD) which streamlines the process of workplace-based assessments, facilitates high-quality learning and provides new insights into what students know about this critically important subject.
Methods An electronic learning module was developed by the author based on existing NICE guidelines.[2] Candidates described a case of a smoker they had seen and were quizzed about the case by the learning module with some instant feedback, then deeper discussion with the author via e-mail. When the candidate was ready a CBD form was completed. Finally feedback was collected using an anonymous, online feedback form.
Results Thirty students and junior doctors have completed the eCBD. The eCBD had excellent feedback with 94% rating the eCBD as "very useful" and 100% feeling more confident in giving smoking cessation advice. Ninety-four percent rated the eCBD as "easier" or "much easier" to arrange and 53% rated it "much better" at assessing knowledge than conventional CBDs.

Analysis of responses revealed deficiencies in knowledge of medications to treat tobacco dependence; 97% knew of nicotine replacement therapy (NRT) but knowledge of some formulations was poor (none mentioned oral strips, 3% microtabs, 17% lozenges); 43% knew of varenicline and 40% bupropion. Only 37% thought that combination NRT was safe and effective and thematic analysis revealed widespread concerns about the risks of overdose. 57% would consider recommending e-cigarettes for selected patients although only 7% had already recommended them to patients.
Conclusions The eCBD can be an effective method of encouraging learning in important and neglected subject areas. It also illustrates an often-wasted opportunity to collect data from online learning modules that could guide curriculum development and facilitate better training in future.