evaluations of such methods of smoking cessation have been conducted. This study aimed to establish how successful the service is 5–10 years following counselling.

Method Patients were interviewed by means of a telephone questionnaire. Their current smoking status was assessed and baseline data including previous smoking habits was recorded. The intervention group were patients who completed the programme and deemed non-smokers after 1 year. The control group were patients who were referred but failed to attend. Both groups were referred to the service between 2001 and 2005. Seventy-nine out of 202 patients were interviewed from the intervention group and 121 out of 752 patients from the control group were interviewed.

Results Of those previously attending the programme, 30.4% had relapsed. Of the 69.6% of participants remaining non-smokers, 85.5% had remained non-smokers throughout this follow-up period. Participants who did not attend were more likely to remain smokers (63.3%, $p<0.001$, $RR=2.08$). Of those attending the programme, 70% reported using additional methods (eg, nicotine replacement therapy) to aid cessation. However, these individuals had a higher rate of relapse (36% vs 20%, $p=0.080$). Lower socio-economic status may also be linked to a higher relapse rate ($p=0.075$). Baseline statistics comparing the two cohorts revealed that patients from a lower socio-economic background were less likely to have successfully attended the programme ($p<0.001$). Gender or number of pack years accumulated at the time of invitation were not significantly different between cohorts and patient age was similar (control=59 years, intervention=62 years). Median follow-up for both cohorts was 8 years.

Conclusions This unique 5–10 year follow-up indicates that smoking cessation counselling is achieving its aim of assisting the long-term cessation of patients attending the programme. However, patients requiring further interventions such as nicotine replacement therapy and those from lower socio-economic groups have been identified as requiring additional encouragement. This may indicate areas for improvement that smoking cessation programmes should consider.

P124 CHILDREN UNITE TO STOP SMOKING IN CARS

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It is well-established that second-hand cigarette smoke affects the health of everyone who is exposed to it. However, second-hand

smoke is particularly dangerous for children, increasing their risk of developing asthma, chest infections and triggering asthma attacks. In addition, previous research shows that smoking just one cigarette in a car, even with the window open, creates a greater concentration of second-hand smoke than a whole evening's smoking in a pub. Hence, exposing children to second-hand smoke in a car is exceptionally hazardous. This study sought information regarding children's experiences of, and attitudes towards, being exposed to second-hand cigarette smoke, including exposure in cars. 1001 children aged 8–15 (51% male, 49% female) were surveyed online via a self-completion questionnaire between 20 and 27 January 2011. 51% of respondents had been in a car when someone has been smoking at some time. Of the 512 respondents who had been in a car while someone was smoking, 31% said they would ask them to stop, 24% said they were too embarrassed to ask them to stop, 9% said they were too scared to say anything and 21% said they didn't mind. All respondents were asked how they felt when an adult smokes near them. 58% said it made them smell of smoke, 49% said it made them feel sick, 44% said it made them cough and only 7% said it didn't bother them. 86% of all respondents said they would like the Government to stop people from smoking when children are in the car, with only 4% saying they would not and 10% saying they did not know. This survey shows that an overwhelming majority of children would support legislation to protect children from passive smoke in the car. This work also suggests that when exposed to second-hand smoke while travelling in a car, many children do not feel able to ask the smoker to stop. More work is needed to empower children and give them a voice to help change legislation around smoking in private cars and to increase awareness of the dangers of second-hand smoke.

P125 STOP SMOKING AS TREATMENT FOR COPD: QUIT-INTERVENTIONS OF HIGHER INTENSITY AND DURATION ARE REQUIRED

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Introduction and Objectives Smoking cessation is one of the most cost-effective interventions for COPD (£2092/QALY; Hoogendoorn *et al* 2010). Smokers with COPD should therefore be offered

Abstract P124 Table 1

Children unite to stop smoking in cars						
Children and exposure to smoke in cars - all respondents (1001)						
	Yes	No	I don't know	—	—	—
Ever been in a car when someone has been smoking	512 (51%)	473 (47%)	16 (2%)	—	—	—
Would you like the government to stop people smoking when children are in the car?	858 (86%)	44 (4%)	99 (10%)	—	—	—
Children who have been exposed to second-hand smoke in cars—(512)						
Ask them to stop		Nothing, too embarrassed to ask them to stop	Nothing, I don't mind it	Nothing, I'm too scared to say anything	Other	Don't know
What do you do when someone is smoking in the car?	158 (31%)	122 (24%)	105 (21%)	46 (9%)	59 (12%)	22 (4%)
Children and exposure to second-hand smoke—all respondents (1001)						
How does it make you feel when an adult smokes around you?	It makes me smell of smoke	It makes me feel sick	it makes me cough	Other	It doesn't bother me	Don't know
	585 (58%)	486 (49%)	442 (44%)	72 (7%)	72 (7%)	31 (3%)