

Respondents believe it is important to support smoking cessation for the parents of their patients but are likely to perceive the barriers to this as arising from the smokers more than from deficiencies in their own knowledge and skills (see Table 1). However, we identified significant knowledge gaps. When asked if 7 facts about SHS and cessation were true or false, incorrect answers ranged from 2–41% and ‘don’t know’ from 10–46%. Only 41% knew how to make a referral to their local cessation service. 63% of respondents last had training about smoking cessation more than 5 years ago.

Abstract S125 Table 1 Respondents’ assessment of the impact of parental smoking and barriers to aiding with smoking cessation, where 0 = no impact or not a barrier and 10 = very significant impact or barrier

	Mean (range)
How much of an impact do you think parental smoking has on children’s current respiratory health?	8.54 (5–10)
How significant is the impact of parental smoking on a child’s overall health later in life?	8.20 (3–10)
How significant do you think is the impact of a parent stopping smoking on their child’s current respiratory health?	8.59 (2–10)
It is not worthwhile to try and change smoking behaviours as the chance of making an impact is so small	2.64 (0–9)
You lack knowledge or information to explain to parents how SHS exposure can affect their child’s health	3.10 (0–10)
You lack motivational interviewing (or similar) skills to help smokers see how they could change their behaviour	5.21 (0–10)
Smokers may become defensive or aggressive if given advice about the consequences of smoking or the benefits of stopping smoking	6.28 (0–10)
Smokers are not willing to accept that their behaviour has health consequences	6.16 (0–10)
Smokers are not motivated to stop smoking	6.28 (0–10)
Many smokers have other, more significant challenges, to deal with such as: mental health problems, social isolation, poverty, under-employment, insecure housing etc.	6.47 (0–10)

Conclusions Our findings show that Child Health Professionals’ beliefs about the impact of smoking and the importance of smoking cessation are not borne out in their practice. This is likely to be due to a lack of knowledge and training, despite the existence of high quality and easily accessible national resources.¹ We believe that every Child Health organisation should appoint smoking cessation champions who can build links with local specialist services in order to promote training and good practice among their colleagues.

REFERENCE

1 National Centre for Smoking Cessation and Training (NCST). <http://www.ncst.co.uk>

S126 HOW DOES KNOWLEDGE, PERCEPTIONS AND ATTITUDES TOWARDS SHISHA PIPE SMOKING VARY AMONGST UNIVERSITY STUDENTS?

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Background and introduction Despite clear evidence for the harms of shisha pipe smoking (SPS) its use is increasing amongst university students worldwide. This review explores the evidence for the reasons behind this trend by considering students’ perceptions, attitudes towards and knowledge of SPS.

Review question ‘How does knowledge, perceptions and attitudes towards SPS vary amongst university students?’

This question will examine the rationale for students’ shisha use and address their perceptions regarding its addictive properties.

Literature searches Three electronic databases were accessed: MEDLINE, EMBASE and CINAHL. Examples of search terms included “shisha” (and its alternatives), “university”, “perceptions”.

Inclusion criteria

1. January 1990–April 2016
2. English language
3. Human studies

57 articles were initially identified, with 21 articles included in the final review after abstract and full-text screening.

Throughout this process, three common themes emerged

Reasons for and attitude towards SPS.

Perceptions regarding health hazards of SPS.

Perceptions regarding addictive properties and ability to quit SPS.

Each theme was explored in detail, in order to answer the review question.

Review findings

Socio-cultural and peer influences are major contributors in students initiating SPS.

SPS ‘addiction’ has two components: physiological and social. This is compounded by the general perception that SPS is a safer, i.e., less harmful and addictive, and sociable alternative to cigarette smoking.

Students believe quitting SPS is ‘easy’, yet few are able to do so successfully.

Conclusion Policy change is fundamental in tackling the SPS pandemic amongst university students. Interventions, within institutions directly or via social media campaigns, must de-glamorise shisha and highlight its harmful effects. Prior to this, additional longitudinal studies are necessitated to build on existing cross-sectional data and understand temporal changes in students’ beliefs to allow better, targeted health promotion.

S127 EFFECT OF CANNABIS SMOKING ON THE DEVELOPMENT OF BULLOUS LUNG DISEASE: A STRUCTURED LITERATURE REVIEW

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Background With increasing cannabis use, physicians need to know more about its respiratory effects. However, there are few long term studies of cannabis smoking, mostly due to legality issues and the confounding effects of tobacco.

Aims We reviewed the effect of chronic cannabis use on bullous lung disease.

Methods 18 out of 69 English-language publications, prior to April 2016, from MEDLINE, Scopus, and Web of Science

Correction

Matharoo J, Arshad A, Sadhra S, *et al.* S126 How does knowledge, perceptions and attitudes towards shisha pipe smoking vary amongst university students? *Thorax* 2016;71:A74. doi:10.1136/thoraxjnl-2016-209333.132

The first affiliation has been corrected. The correct list should be as follows:

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