



Scientists' Latest Bid to Fight Back Against Deadly Vaping Misinformation



BY COLIN MENDELSON FEBRUARY 22, 2023



Much of the world's official advice on vaping nicotine is deeply flawed, yet it often remains unquestioned and unaccountable.

An egregious example is the 2022 statement on e-cigarettes by Australia's [National Health and Medical Research Council](#) (NHMRC), the country's leading health and medical research organization. This prestigious government authority, which guides health policy in Australia, made a raft of misleading or

outright false claims—with the potential to damage public health goals far beyond Australia’s shores.

A damning critique of this document was published on February 21, in the journal [Addiction](#). I’m one of its 11 coauthors, together with Australian experts such as Dr. Alex Wodak, Professors Neal Benowitz and Nancy Rigotti of the United States, and leading figures in the field from the United Kingdom, New Zealand and Switzerland.

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Our article highlights serious scientific flaws, misinformation and selective use of evidence in the NHMRC statement, and concludes that it “fails to meet the high scientific standard expected of a leading national scientific body.”

The NHMRC exaggerates the risks of vaping, and ignores evidence that it is an effective quitting aid with massive potential to benefit public health. It incorrectly claims that adolescent vaping causes subsequent smoking, and falsely links vaping nicotine to two serious lung diseases: the [misnamed](#) “EVALI” and *bronchiolitis obliterans*, better known as “popcorn lung.”

Our analysis also raises disturbing concerns about bias from a stacked working committee. Three members of the [NHMRC Working Committee on E-Cigarettes](#) have published strong anti-vaping views, and others represent organizations that are opposed to vaping. No pro-vaping committee members were included.

In the US, leading scientists have [similarly criticized](#) health authorities for highly misleading information about vaping. In a recent [editorial in *Addiction*](#), seven experts called for health authorities to clear up confusion about “EVALI” and the “gateway theory.”

They wrote that information from the US surgeon-general incorrectly implies that nicotine vaping causes young people to smoke cigarettes, when “significant

evidence now exists that this association between vaping and smoking is not causal,” and that the CDC continues to link nicotine vaping with “EVALI” when all the evidence points to another cause (vitamin E acetate-contaminated illicit THC).

Such misinformation isn’t limited to national authorities. The [World Health Organization](#) (WHO) position on vaping was systematically evaluated in 2017 by UKCTAS (the [UK Centre for Tobacco and Alcohol Studies](#)), which found “important errors in the description and interpretation of the studies reviewed, and ... many of its key conclusions misleading.” In 2022, the [Coalition of Asia Pacific \(Tobacco\) Harm Reduction Advocates](#) and [Clive Bates](#) reviewed the [latest WHO update](#). Bates identified “multiple errors of analysis, misleading statements, and obvious biases.”

Similar reports and statements by the [European Commission Scientific Committee on Health, Environmental and Emerging Risks \(SCHEER\)](#), the [European Respiratory Society](#), the [US Surgeon-General](#) and [Australia’s Chief Medical Officer](#) have also been shown to have serious flaws ([here](#), [here](#), [here](#) and [here](#)).

Evidence or Ideology?

Nicotine vaping is a controversial topic, but arguments about health policy should always be evidence-based. A clear international pattern is emerging of science denial and [fraudulent research](#) aimed at promoting hostility to vaping, often at the highest levels of government. This agenda is often driven by [ideology, politics, vested interests and financial considerations](#).

Anti-vaping views are often based on a [prohibitionist](#), zero-tolerance ideology, with an underlying [moral outrage](#) at tobacco companies and the use of nicotine *per se*. This approach ignores the clear public-health benefit of vaping when it replaces cigarettes.

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Governments are driven by [minimizing political risk](#). Kudos is cheaply gained by appearing to be “tough on the tobacco companies” or to “protect our children.” Vaping policy should be based on research evidence, but politics is always about winning the [next election](#).

[Vested interests](#) also play a role. Some public health organizations are *threatened* by solutions that may reduce their relevance and therefore try to defend the status quo. Opposing vaping provides a justification for their continuing role.

Vaping is also a serious financial threat to organizations that benefit from tobacco taxes. Governments derive enormous revenue from taxing cigarettes, and generally lose that when people switch to vaping. In the US, huge payments under the [Master Settlement Agreement](#) are linked to tobacco sales, creating a perverse incentive for the states to perpetuate smoking. Funding by anti-vaping philanthropists such as [Michael Bloomberg](#) seriously biases the agenda of bodies from the WHO to the Campaign for Tobacco-Free Kids in the US.

The Key Role of the Media

The mainstream media amplifies the official anti-vaping narrative. Governments and leading health organizations have close ties with the media, and considerable leverage to use outlets to manipulate public opinion.

Media rooms are increasingly under-resourced, and all too often press releases are simply regurgitated without fact-checking or critical analysis, amplifying the anti-vaping agenda.

Alarmist stories on the so-called “youth vaping epidemic,” or exaggerated tales of woe (think “popcorn lung,” seizures, exploding vapes, lung injury) dominate the headlines, week after week. Sensational and negative stories are more clickable than good journalism. There is rarely balance from opposing commentators.

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Positive stories on vaping are rarely covered, denying readers exposure to that side of the story. Few have the time and resources to research the issue further. It is no wonder that public [risk perceptions](#) about vapes and cigarettes are grossly distorted.

If a story is repeated often and widely enough, it becomes accepted as fact. “A lie told once remains a lie,” wrote Nazi propagandist Joseph Goebbels in his diaries, “but a lie told a thousand times becomes the truth.”

Even when false information is highlighted or conflicting evidence is presented, corrections are exceedingly rare.

The recent NHMRC statement draws heavily on a previous [Australian government-funded report](#) on vaping. In 2022, some colleagues and I published a [peer-reviewed analysis](#) of this report, identifying critical flaws and misinformation. The government report was nonetheless received with a tsunami of media coverage; our critique was almost totally ignored, despite our wide outreach to media.

People who smoke bear the consequences of all this. Millions, worldwide, will die needlessly because of a concerted and coordinated campaign to promote a deadly anti-vaping narrative, and the policies that result.

Our *Addiction* article is one of many scientists’ attempts to fight back. But unless such critiques are loudly amplified, nothing will change.

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