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27 June 2023

Free TV  
Suite 1, Level 2  
76 Berry Street,  
North Sydney NSW 2060

Letter of complaint and 3 attachments to be forwarded to Channel 7 re 7 News Spotlight program

By email

**RE: 7 NEWS SPOTLIGHT “KILLERS IN THE MIST”**

I refer to the 7 News Spotlight program titled “Killers in the Mist” which broadcast on 28 May 2023 at 7:00pm (the **Program**) and remains available for viewing on the 7plus application.

I have several concerns with the Program and its promotion.

### **1. My integrity and independence**

- (a) At minute 32:34, it was stated that *“as evidence mounts about the alarming health impacts of vapes, there are some doctors still loudly defending e-cigarettes and the dangerously addictive nicotine they contain. You’re about to meet one of them. His name is Dr Colin Mendelsohn and you will soon see why **he is a friend of Big Tobacco**”*.

A reasonable person would assume I am a supporter or apologist for Big Tobacco or that my views must be compromised by payments from the tobacco industry. In fact, my views are independent, I have never received funding from Big Tobacco and the sole focus of my unpaid work is to improve public health. The implied association with Big Tobacco undermines my credibility, independence and integrity. I refer to 3.3.1 of the Code.

- (a) At 33:24, it was stated that *“in Sydney, I am about to **confront** a man whose name is well known on both sides of the tobacco wars. Senior industry sources we have spoken to say Colin Mendelsohn’s decades of public advocacy for nicotine products **uncannily align with Big Tobacco’s views**. He denies any link”*.

This statement creates an impression that the Program was “confronting me” and not that I was invited to appear on the Program to be asked about my views regarding the health benefits of vaping.

It is also incorrect to state that my decades of public advocacy for nicotine products align with Big Tobacco’s views. Before 2015, I supported (by writing, teaching and

research) nicotine replacement products which were very much a direct threat to Big Tobacco. I started supporting vaping nicotine from 2015 when there was sufficient evidence to promote it for smoking cessation and as a safer substitute to combustible cigarettes.

The wording used also again **implies a link of some sort with Big Tobacco** which drives my advocacy and undermines my credibility, by stating that my “advocacy for nicotine products “uncannily align with Big Tobacco’s views”.

Whilst it states that I deny any link, it does not include a disclaimer from the Program that it is not implying that I am associated or aligned with “Big Tobacco”. I refer again to 3.4.1 of the Code.

- (b) At minute 36:53, it was stated that “*Dr Mendelsohn’s assurances **don’t seem unfamiliar to those of us who remember Big Tobacco’s shameless spin in the 70s and 80s. Spin so creative it even caught Hollywood’s attention...**” and at minute 37:17 “*you know what this reminds me of. It reminds me of the arguments that the tobacco industry was putting up 30 or 40 years ago before we knew how dangerous cigarettes really were and it was a secret that the **tobacco industry was hiding**”.**

This statement insinuates that I know something about the dangers of vaping which I am hiding and that I am spinning the evidence like the tobacco industry did in the 70s and 80s. The implication again is that I am on Big Tobacco’s payroll and I am doing their bidding for payment. I refer again to 3.4.1 and 3.3.1 of the Code.

- (b) The trailer insinuates that I am representing the views or am a representative of “Big Tobacco”. In the trailer there is footage of me talking (muted) and a voiceover saying “*yet Big Tobacco wants Australia to turn a blind eye*”.

The ordinary Australian watching that trailer, whether or not they ultimately watched the Program, would form the view that I am representing the views or am a representative of “Big Tobacco” and that I want to conceal important information. Relevantly, 3.3.1 of the Commercial Television Industry Code of Practice 2015 (**Code**) states that “*a Licensee must present factual material accurately and ensure viewpoints included in the Program are not misrepresented*”.

- (c) After introducing me, and asking about Big Tobacco funding which I deny, the interviewer (RC) said “For decades, big tobacco has enlisted medical practitioners to provide a healthy veneer for their lethal products, like these ads of old. Doctors were used as authority figures to provide reassurance to consumers that the activity is relatively benign and safe”.

Given the deliberate and immediate juxtaposition of my denial of Big Tobacco funding and this statement, a reasonable viewer would have concluded that this implied I have at some time been enlisted by Big Tobacco like medical practitioners of the past to “provide a health veneer for their lethal products”. This undermines my credibility and integrity. I refer again to 3.3.1 of the Code.

- (d) A reasonable viewer would have concluded that I am an outlier in Australia, holding extreme and unsupported views on the issue. The Program refers to me as “a controversial doctor”.

However, I am one of 44 leading Australian and New Zealand tobacco control and addiction experts who recently wrote (1 June 2023) to the Health Minister, Hon. Mark Butler MP expressing the same views and asking for the proposed vaping regulatory

changes to be reviewed. Letter here, <https://colinmendelsohn.com.au/wp-content/uploads/2023/05/Letter-to-the-Health-Minister-1June2023-FINAL4.pdf>  
Furthermore, there are many thousands of other doctors internationally who hold my views, including medical organisations such as the UK Royal College of Physicians and the British Medical Association.

- (e) The trailer for the Program was edited in a way that misrepresented what I said during the interview. It mixed two clips from different sections of the Program to alter the meaning and implications of what was actually said, namely that:

I said: *“Nicotine is relatively benign”*  
Ross Coulthart said: *“How can you possibly say that”*  
I said: *“Are you suggesting I am hiding the evidence”*

However, what was actually said was:

I said: *“Nicotine is relatively benign”*  
Ross Coulthart said: *“How can you possibly say that”*  
I said: *“Because that’s what the evidence shows. Nicotine doesn’t cause cancer, it doesn’t cause lung disease it has only a minor role in heart disease”*

If the average Australian watched the trailer that was aired throughout the course of the week but did not ultimately watch the Program, they would believe that the trailer was an accurate representation of what I said. This is not reporting befitting of one of Australia’s largest television networks. I refer again to 3.3.1 of the Code.

- (f) At minute 34:29, the following exchange occurred between Ross Coulthart and me:

Ross Coulthart: *you have taken funding from e-cigarette companies*  
Me: *I personally haven’t*  
Ross Coulthart: *Your ATHRA has*  
Me: *And we were very public about that*  
Ross Coulthart: *Well you are now*

The final statement insinuates that I had only just become candid about the Australian Tobacco Harm Reduction Association’s (**ATHRA**) acceptance of funding from e-cigarette companies when it was revealed on the program. This is untrue. In the interview conducted with me on Wednesday 12 April, I made it clear that ATHRA declared its funding publicly years ago, but this was not included in the final edit of the Program. At the time of ATHRA accepting the funding from e-cigarette companies, it was publicly declared, was posted on the ATHRA website and announced at an international conference. I refer again to 3.3.1 of the Code.

- (g) The impact of this smear on my integrity is evidenced by contact made to me by two viewers after the program. One letter and one email are attached. If two people got in touch, it is highly likely that many others thought the same thing.

## 2. Balance and accuracy

- (h) The Program relied heavily on the point of view and experiences of three school-aged children in attempting to establish that vaping is dangerous and is an epidemic within schools in Australia. The canvassing of these three minors could hardly be considered a representative sample for any reliable assessment of the risk, nature and extent of

underage vaping in Australia.

- (i) As well, one of the three children admitted on social media to never having vaped, See tweet by Veronika Miller, <https://twitter.com/gothicishmess/status/166311420821992243>

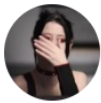


**Veronika Miller**  
@gothicishmess

Goth girl here, never said I vaped and guess what I don't :)

12:25 PM · May 29, 2023 · **307** Views

And here, <https://twitter.com/gothicishmess/status/1662753431428411393>



**Veronika Miller** @gothicishmess · May 28

Replying to @plopnl @Channel7 and 4 others

So I'm not a vaper, but my friends use it to regulate. It's similar to how ppl go to stimulant drugs for ADHD n shit



The Program promotion also incorrectly stated she was 'hopelessly addicted'. See tweet here by Veronika Miller:

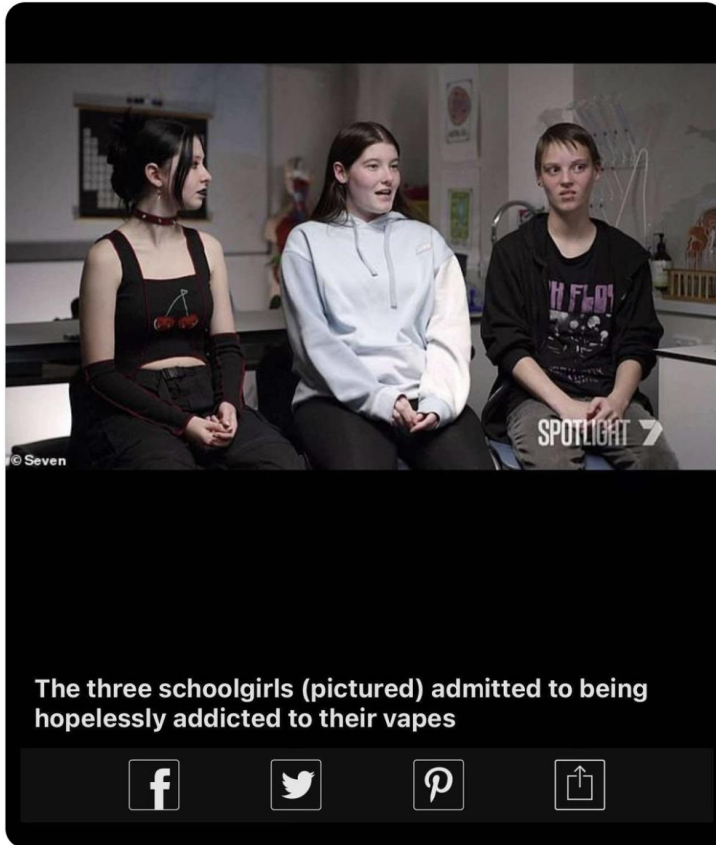
<https://twitter.com/gothicismess/status/1662939835504689153>



Veronika Miller  
@gothicismess

...

Fun fact @DailyMailAU I never said anything about me vaping but I guess that didn't fit your narrative aye?



12:52 AM · May 29, 2023 · 8,510 Views

- (j) I suggested to the Producer she interview an adult who had used vaping to quit smoking for balance and provided her with the contact details of a suitable person. She said she would arrange an interview, but did not make contact.
- (k) There was almost no discussion about the clear evidence that vaping is the most effective quitting aid available for smokers, is the most popular quitting aid globally, is an estimated 95% safer than smoking, is approved in Australia as a quitting aid for adult smokers who are otherwise unable to quit and has huge potential to improve net public health. The program focussed on the alarmist and negative aspects of vaping which were largely exaggerated and often false.
- (l) The persistent claim that nicotine is a toxic poison in the doses used in vaping has been debunked and is not the view of the UK Royal College of Physicians, the UK Royal Society of Public Health, Public Health England, the New Zealand Ministry of Health, the UK National Health Service and HealthCanada, to name just a few leading, independent organisations. However, this point was a main thrust of the harm from vaping in the Program.
- (m) Numerous other false claims were made in the Program, including

- a. That vaping causes 'Popcorn lung' (there has never been a case of popcorn lung from smoking or vaping)
- b. That vaping triples the risk of becoming a smoker (the 'gateway theory' has been largely debunked)
- c. A whole host of chemicals exists in vapour (true, but very misleading as most are at negligible levels) and
- d. That Big Tobacco is using vaping as a ploy to addict young Australians (no vape products sold to youth in Australia are made by Big Tobacco, and Big Tobacco controls only an estimated 12% of the global vape market)

### 3. Misleading case studies

The Program based its claims about harms and death from vaping nicotine from two highly doubtful individual case studies. This presented a very misleading message, which did not represent the medical research and evidence. The Program falsely refers to a 'rising death toll from vaping'.

#### i) Rose

Rose was a young lady from the UK who experienced a bilateral spontaneous pneumothorax (a spontaneous rupture in the surface of each lung) which her mother was convinced was caused by vaping and led to her death. That her mother believed that her death was from vaping is not scientific evidence.

While there is a link between pneumothorax and smoking, there is **NO evidence that vaping causes pneumothorax**. There have been several reported cases of pneumothorax in people who vape, but this is to be expected due to the frequency of this common condition and the number of people vaping. Pneumothorax spontaneously develops in young people, irrespective of vaping.

#### ii) Peter Hansen

The interview claims that this elderly man developed a serious lung disease from vaping which led to his death. However, the condition he is alleged to have had (EVALI) has been found to be caused by vaping black market cannabis oils adulterated with Vitamin E Acetate. It has never been linked to vaping nicotine. See our peer-reviewed article on EVALI attached. [Mendelsohn-CP-Wodak-A-Hall-W.-Nicotine-vaping-was-not-the-cause-of-EVALI-in-the-United-States.-Drug-and-Alcohol-Review-2022]

The case definition of EVALI is a diagnosis of exclusion, ie it can't be diagnosed if some other explanation may have been present. In the case of Peter Hansen, he was a heavy smoker for 40 years who had developed COPD (emphysema). He then stopped smoking by vaping, which would have slowed the deterioration in his lung health. However, COPD deteriorates irrespective of quitting smoking and his final illness is consistent with COPD, resulting in secondary infection, Acute Respiratory Distress Syndrome and death. Unfortunately, this is a common complication of smoking. As a result, the diagnosis of EVALI was incorrect.

These 2 cases falsely gave the impression that vaping nicotine is deadly. The Program refers to a 'rising death toll from vaping'. In fact, **there has never been a case of death caused by vaping nicotine documented in the medical literature since its introduction in 2003 and serious adverse effects are very rare**. There are currently over 80 million vapers globally. This false message will cost many lives to the extent that discouraging vaping will discourage smokers from switching to a far safer alternative.

#### 4. Misrepresentation of the Program to me

Prior to accepting the invitation to be interviewed, I wrote to the Producer agreeing to appear on the program if the program was balanced and evidence-based. She assured me it would be a “balanced story based on evidence”.

In fact, the questions were not balanced and intention of the Program to pursue a predetermined line and message, including to demonise me, were clear from the start.

Prior to the interview I wrote

“My experience with the Australian media has generally been disappointing. Most stories on vaping are alarmist and negative and exaggerate the risks of vaping while ignoring the benefits. The important question is the net public health impact from vaping. The evidence suggests this is overwhelmingly positive. If you are proposing a balanced story based on evidence I am very happy to participate.”

The Producer wrote back,

**“I understand the cynicism - but I can confirm we are proposing a detailed and balanced story based on evidence.”**

She later wrote

“Hi Colin

As you would be expecting, the questions will be balanced but probing.

Along the lines of:

Why/How is vaping a good option for weaning off cigarettes?

As a physician what/if any impact are you seeing from the increased popularity of vaping?

Is it working as a tool to reduce cigarette smoking?

Do we know enough about vaping yet?

Are the regulations around vaping being enforced well enough in your view?

Is there a concern about young people vaping?

Is the tobacco industry involved in promoting vaping?

**I don't think there's anything there you wouldn't be expecting.** These are not word for word of course but the general areas of discussion.”

I was misled in being reassured that the Program would be balanced and present both sides of the story. The questions, tone and intent of the program were very different and the advice from the Producer was clearly false and unethical.

In fact, the Program contained biased, misleading and incomplete information which did not report on both sides of the medical research and scientific views regarding vaping. Relevantly 3.4.1 of the Code states that a Licensee must “*present news fairly and impartially and clearly distinguish the reporting of factual material from commentary and analysis*”.

As mentioned above, there was also clearly an unjustified and determined intent to smear me as being funded by Big Tobacco. There was no mention that this would be a focus of my involvement in the program.

Save for my portion of the interview, which was presented with negative connotations, there was no mention of the existence of the abundant research and international experience which verifies the issues I raised in relation to vaping nicotine, namely that it is the most effective quitting aid for adult smokers, is a form of tobacco harm reduction for adult smokers and is far safer than smoking. Only the most passing of references was made to the fact that other jurisdictions with well-respected and established medical establishments, such as the United Kingdom, heavily support vaping as a tool to stop

people smoking cigarettes. The Program was clearly biased against vaping and presented a very one-sided view that is not supported by the weight of medical research. A legitimate public debate regarding vaping was adversely compromised by the Program and its one-sided and biased presentation of the issues.

Given the breadth of issues I have raised above, it is inappropriate for the Program to continue to be accessible to the public and streamed on the 7plus application. I ask that:

1. The Seven Network remove the Program from the 7plus application; and
2. Issue a statement where the Program is currently publicly available which discloses that it has been removed due a complaint received regarding the deficient reporting standards of the Program; and
3. Make a formal apology to me for undermining my reputation and integrity by falsely linking me to Big Tobacco and implying a financial interest which does not exist. This should be published alongside the statement requested in point 2.

I refer to 3.3.3 of the Code which relevantly states “*Licensees must make reasonable efforts to correct or clarify significant and material errors of fact that are readily apparent or have been demonstrated to the Licensee’s reasonable satisfaction in a timely manner.*”

If the Seven Network is not minded to do that, I invite a response which deals with the issues I have raised above and explains why the Seven Network believes that:

- (a) the Program did not contain inappropriate, misleading, unbiased, untruthful and incomplete information; and
- (b) why it is appropriate for the Program to continue to be available to be watched by Australians despite the issues raised above.

I look forward to receiving a substantive response within **30 working days** of receipt. If I fail to receive a substantive response to this correspondence within **60 days** of receipt, I will consider making a formal complaint to the Australian Communications and Media Association and provide it with a copy of this correspondence.

Please treat this correspondence as Code Complaint under 7.2 of the Code.

Could you please confirm receipt of this letter.

Yours faithfully

A handwritten signature in blue ink that reads "Colin Mendelsohn". The signature is written in a cursive style and is underlined.

**Dr Colin Mendelsohn**