

Survey (and other social research) Data Related to the Forthcoming Referenda on Euthanasia and Cannabis

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(1) *Introduction*

With two referenda set to be voted on alongside the September 2020 General Election it is important to mobilise appropriate information so that the voting public can make well-informed decisions. To provide some of that appropriate information *Kotuitui (New Zealand Journal of Social Sciences Online)* has published articles on each topic. Young et al. (2018) synthesised survey data up to 2017 on attitudes to euthanasia, while Poulton et al. (2020) in the *Journal of the Royal Society* and Theodore et al. (2020) provide reviews respectively of general and Maori-related aspects of marijuana smoking, but don't examine people's attitudes to cannabis law change. Further background information can be found from the Royal Society of New Zealand on <https://www.royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/cannabis-how-it-affects-our-health/> and the Prime Minister's Chief Science Advisor on <https://www.pmcsa.ac.nz/topics/cannabis/>. This research note updates survey data on attitudes to euthanasia and presents a parallel study of attitudes to cannabis law reform. Since a recent (2016) academic survey from the International Social Survey Programme (ISSP) research series has data on both these issues (see Wu & Milne, 2017), this data is added to the findings charts, together with a deeper probing of differences in attitudes amongst social groupings. Other apposite contextual material from this survey is on attitudes to referenda and their claimed voting record on the more recent referendum on changing the flag (see Greaves et al, 2020), so an analysis of the results of these questions is included.

Both referenda issues are complex, and depend on respondents having shared understandings of terms and assumptions about conditions. Much survey data just tracks change. But some work is devoted to trying to specify the conditions under which respondents are prepared to support (or oppose or indeed stay neutral) on the two propositions. For both issues the more straightforward surveys are summarised followed by more particular surveys.

Both items are moral issues for which a party ideological line-up is not expected. Indeed, as with many other moral issues there has been a solid series of polls on these issues endeavouring to sway the public by showing how popular particular positions are, and perhaps that the characteristics of supporters might match those of prospective voters. Some organisations commission polls, although these are carried out by proper research firms and there is no particular reason for discounting findings in terms of sponsor. Some of the organisations active in these fields include: -

- End-of-Life Choice Society of New Zealand (formerly) Voluntary Euthanasia Society: <https://eolc.org.nz/>
This is an advocacy organisation pursuing a change in the law that will enhance choice at the end of life. They seek legislation that enables competent adults experiencing irremediable suffering from a terminal illness, to receive medical assistance to end their life at a time of their choosing.
- Euthanasia-Free New Zealand <https://euthanasiadebate.org.nz/>
Euthanasia-Free New Zealand Inc. is a nationwide network of individuals from diverse professional and social backgrounds, with diverse philosophical and political beliefs. Nb: Media releases often comments on surveys.
- New Zealand Drug Foundation: <https://www.drugfoundation.org.nz/resources/>
Takes the lead in Aotearoa New Zealand educating, advising and standing up for healthy approaches to alcohol and other drugs.
- Norml <https://norml.org.nz/>
The National Organisation for the Reform of Marijuana Laws was established in 1980 to work to end cannabis prohibition in New Zealand. On <https://norml.org.nz/library/opinion-polls/> some public opinion polls re cannabis up to 2017 are presented.
- Health not Handcuffs: <https://www.healthnohandcuffs.nz/>
Health not Handcuffs was launched on 3 April 2019 as a vehicle for the many New Zealanders who want to express their support for overhauling our outdated drug law. Seven leading public health and social justice organisations are founding partners in the new campaign: ActionStation, Hāpai te Hauora, Just Speak, New Zealand Drug Foundation, New Zealand Needle Exchange Programme, Te Rau Ora and Wellington Community Justice Project.
- Say Nope to Dope <https://saynopetodope.org.nz/> and SAM-NZ
Say Nope to Dope is a project of a group of organisations and individuals who oppose any attempt to decriminalise or legalise marijuana. Smart Approaches To Marijuana New Zealand (SAM-NZ) is an alliance of community organisations and leaders (including ex-addicts, educators, ex-police, addiction counsellors, health professionals and community workers), and opposes any attempt to legalise cannabis, based on reputable science and sound principles of public health and safety.

(2) Official Definitions

At the same time as voters vote in the 2020 General Election, they can vote in 2 referendums (<https://www.referendums.govt.nz>):

- on whether the recreational use of cannabis should become legal, based on the proposed Cannabis Legalisation and Control Bill; and
- on whether the End of Life Choice Act 2019 (EOL) should come into force, giving people with a terminal illness the option of requesting assisted dying.

The conditions in the EOL Act include:

That 'assisted dying' means:

- a person's doctor or nurse practitioner giving them medication to relieve their suffering by bringing on death; or
- the taking of medication by the person to relieve their suffering by bringing on death.

To be able to ask for assisted dying, a person must meet ALL the following criteria. They must:

- be aged 18 years or over
- be a citizen or permanent resident of New Zealand
- suffer from a terminal illness that's likely to end their life within 6 months
- have significant and ongoing decline in physical capability
- experience unbearable suffering that cannot be eased
- be able to make an informed decision about assisted dying.

A person would not be eligible to ask for assisted dying if the only reason they give is that they are suffering from a mental disorder or mental illness, or have a disability of any kind, or are of advanced age.

Under the Act, a person is able to make an informed decision about assisted dying if they can do ALL of the following things:

- understand information about assisted dying
- remember information about assisted dying in order to make the decision
- use or weigh up information about assisted dying when making their decision
- communicate their decision in some way.

The doctor must do their best to make sure that a person's choice to ask for assisted dying is their own. If, at any time, the doctor or nurse practitioner thinks a person is being pressured about their decision, they must stop the process. A health practitioner is not allowed to suggest that a person consider assisted dying when providing a health service to them.

Young et al. (2018) include a discussion of definitional issues designed to be helpful in interpreting survey data. They note EAD stands for Euthanasia and Assisted Dying, two terms with important differences:

“There are a variety of terms used to refer to the intentional act of hastening or causing death. Here we use the acronym EAD as the most general descriptor, while acknowledging that this term may not be universally acceptable. We use the term ‘euthanasia’ to mean a lethal injection that is administered at the voluntary request of a competent patient by a doctor or a nurse practitioner. ‘Assisted dying’ means that a doctor provides a prescription for lethal medicine at the voluntary request of a competent patient; the patient then self-administers the prescription at the time of their choosing”.

The draft Cannabis Legalisation and Control Bill includes:

- A ban on selling to anyone under 20
- A ban on all marketing and advertising of cannabis products
- A purchase limit of 14 grams
- Limiting consumption to private homes and specifically licenced premises
- Limiting sale of cannabis to specifically licenced physical stores (not online)
- Strict controls and regulations on the potency of cannabis and
- A two plant limit per person/four per household in regard to cannabis that is allowed to be grown at home.

(3) Attitudes to Euthanasia law change:

The data from Young et al. (2018) is represented in summary form in Table 1, with more recent surveys added to it. The time series of support, oppose, and other are provided. Young et al. (2018) suggest that support over the past 20 years has averaged around 68%, and this level of support seems to have continued since.

Table 1: Attitudes to Euthanasia

<i>Date</i>	<i>Agency/Author</i>	<i>Support %</i>	<i>Oppose %</i>	<i>Neutral %</i>	<i>DK %</i>	<i>Refuse %</i>	<i>No. of Cases</i>
March 2020	Research NZ	60	21		19		1000
8–12 Feb 2020	1 News Colmar Brunton	65	25		9		1004
17–26 Nov 2019	Horizon Research	70	30		–		1521
20–24 Jul 2019	1 News Colmar Brunton	72	20		7		1003
19–29 Apr 2019	Horizon Research	74	19		7		1341
March 2019	Research NZ	70	24		6		750
2017	Colmar Brunton	74	18		9		1007
2017	Horizon Q1	75	11	8	6		1274
2017	Horizon Q2	66	14	15	5		1274
2017	Lee et al.	66	12				15822
2016	ISSP	66.9	19.2		(13.9)		1350
Nov. 2016	Research New Zealand (doctors)	65	22		13		
Nov. 2016	Research New Zealand (others)	43	46		11		
2015	Rae et al.	82	18				677
2015, June	Research New Zealand	67	24		9		500
2015, March	Research New Zealand (Doctor)	74	20		6		501
2015, March	Research New Zealand (other)	51	41				500
2015	Curia	66	20	11	2	3	2782
2015	Colmar Brunton	75	21		5		1000

<i>Date</i>	<i>Agency/Author</i>	<i>Support %</i>	<i>Oppose %</i>	<i>Neutral %</i>	<i>DK %</i>	<i>Refuse %</i>	<i>No. of Cases</i>
2015	Reid Research	71	24		5		1000
2013	Key Research (Herald on Sunday Moral Issues Survey)	66	17	11 depends		5	500
2012	Horizon	63	12.3	16	9		2969
2010, Sept.	Research NZ ¹	47	44				500
2009, Sept.	UMR	55					750
2009	Gendall Q1	69	19		12		935
2009	Gendall Q2	45	39		16		935
2009	Gendall Q3	44	39		18		935
2008	Colmar Brunton	69	21		9	1	1000
2008	Gendall	70	17		13		1000
2004	Mitchell and Owens:						
	Supplying Information (Students)	65					205
	Supplying Information (Grey Power members)	80					595
	Supplying Information (General Practitioners)	50					120
	Supplying euthanasia drugs (Students)	56					205
	Supplying drugs (Grey Power members)	77					595
	Supplying Drugs (GPs)	41					120
	Assisting dying (Students)	64					205
	Assisting dying (Grey Power members)	77					595
	Assisting dying (GPs)	34					120
	Injecting (Students)	62					205
	Injecting (Grey Power members)	76					595
	Injecting (GPs)	30					120

¹Under 35s agree (39%), over 35s (51%); Europeans agree (49%), Maori/Pacific (37%).

<i>Date</i>	<i>Agency/Author</i>	<i>Support %</i>	<i>Oppose %</i>	<i>Neutral %</i>	<i>DK %</i>	<i>Refuse %</i>	<i>No. of Cases</i>
2004	Beautrais et al.	82					987
2003	Colmar Brunton	73	22		5		1007
2002	Gendall	73	17		10		1000

Euthanasia Free New Zealand sponsored a recent (May 2019) poll (see Table 2) in which 1,048 New Zealanders were polled by phone by Curia Market Research. : <https://euthanasiadebate.org.nz/poll/>. The survey is concerned to probe New Zealanders’ understanding and views on particular conditions.

Table 2: Euthanasia Free New Zealand poll, May 2019:

	<i>Yes</i>	<i>No</i>	<i>Unsure</i>
1. Under New Zealand law, doctors are allowed to turn off life support and stop medical treatment, but doctors are NOT allowed to give drugs with the intention to kill. Do you think a doctor should be allowed to give deadly drugs to deliberately kill a patient?	57%	29%	14%
2. Under New Zealand law doctors are allowed to give patients as much pain medication as they need to be comfortable, even if this might hasten their deaths. However, doctors are NOT allowed to give drugs with the intention to kill. Do you think doctors should be allowed to give deadly drugs to deliberately kill their patients, even if they are NOT in pain?	27%	59%	13%
3. Would you like New Zealand to have a law that would allow a terminally ill person to receive a lethal injection because they feel they are a burden?	25%	63%	11%
4. Would you like New Zealand to have a law that would allow a terminally ill person to receive a lethal injection because they feel depressed or that life is meaningless?	35%	56%	10%
5. It’s being proposed that a person as young as 18 could request a lethal injection without having to tell their loved ones about it. The first their family might know is when receiving their death certificate. Would you like New Zealand to have a law where people can request a lethal injection without having to tell their loved ones about it?	20%	73%	7%

Jessica Young, Richard Egan, Simon Walker, Anna Graham-DeMello & Christopher Jackson (2018) summarise coverage of New Zealand euthanasia surveys:

“A search of relevant databases identified 21 quantitative and 5 qualitative studies. We reviewed the circumstances under which people think that EAD should be accessible, and which forms of EAD they support. All public attitude studies reported that the majority (68%) of respondents support EAD. There are few statistically significant demographic associations with attitudes toward EAD; exceptions include religiosity, educational attainment, and some ethnic groups. Health professionals’ attitudes varied by speciality. Qualitative research was analysed for reoccurring themes; ‘feeling like a burden’ was evident across most studies. We conclude from the quantitative research that public attitudes are stable and a majority are open to legislative change. However, the qualitative research

reveals the complexity of the issue and indicates a need for careful consideration of any proposed law changes. It is unclear what safeguards people expect if the law changes. We found little research involving vulnerable and marginalised populations.

“In total, five qualitative and six quantitative research articles and 15 polls/surveys were identified. All 17 studies of public attitudes reported on the percentage of respondents that were supportive of EAD. In the studies that have been conducted, it is not always clear whether respondents were being asked to consider euthanasia or assisted dying.

“In terms of the relationship between demographic factors and EAD, no differences were found between genders, and results according to age appear to be mixed. Of all indicators of socio-economic status (i.e. income, deprivation, education, occupation) only educational attainment was statistically significant, with lower educational attainment being associated with higher support for EAD. Those living rurally (i.e. non-urban) were found to be more supportive of EAD.

“It is difficult to draw firm conclusions because of the variety of reporting methods, measures, and parameters used within studies. Polls and surveys are useful for investigating attitudes toward policy at the broader level. These do not, however, provide information about context-specific elements that must be considered when deciding whether or not EAD is appropriate in a particular case. Most glaringly absent is research examining the attitudes of New Zealanders who are approaching the end of life or people with disabilities (see Shakespeare [2013](#) for discussion). Some overseas studies have been conducted on the wish to hasten death and the model developed from this research could be applied to the New Zealand context (Rodríguez-Prat et al. [2017](#)). No New Zealand or international studies have tested whether receiving detailed information about the arguments both for and against legalisation influences participants’ views

“Conclusion. Public interest in EAD in New Zealand does not appear to be abating. It seems that a majority of the public are open to the possibility of legislative change. It is less clear what form(s) of EAD New Zealanders think should be available, or when and how it should be accessible, though some form of regulation is expected (Horizon Research [2012](#); Rae et al. [2015](#); Oliver et al. [2017](#)). Quantitative research serves to highlight associations between religiosity, educational attainment, and some ethnic groups but no other demographic variables and attitudes toward EAD. The studies of health professionals’ attitudes illustrated varied support among specialities. Qualitative research, on the other hand, provides a more nuanced account of people's concerns about EAD, and details why others consider it appropriate. Specific research is needed to understand the views of potentially vulnerable populations, such as people with disabilities, and to evaluate which conditions and safeguards New Zealanders believe should be available.”

Carol Lee, Isabelle M. Duck, & Chris G. Sibley (2017) provide a sophisticated cross-sectional study on Demographic and psychological correlates of New Zealanders' support for euthanasia:

“Previous studies have also examined links between various demographic and psychological factors with people’s attitudes towards euthanasia. In general, individuals who are younger, non-religious, of higher socio-economic status and more educated tend to support euthanasia.

“In the context of New Zealand, Horizon Research found that support for euthanasia was highest among European and Māori individuals, and those aged 45–54. Contrastingly, Rae et al. reported that younger Māori individuals and those indicating an “other” ethnicity (not European, Pacific, Māori or Asian) were less supportive of euthanasia. Further, religious people showed less support.

“Given these mixed findings, the demographic factors associated with support for euthanasia in New Zealand remain unclear. Extending on these studies, we use a large nationally representative

probability sample of New Zealanders to assess the distribution of support for euthanasia, and more importantly, explore how these attitudes are associated with a broad range of demographic and psychological factors. These include gender, age, household income, deprivation, education, employment status, the Big-Six personality traits and political orientation. This provides an important cross-sectional 'snapshot' on the level of support for euthanasia in the New Zealand adult population in 2014/15.

"We used the sixth wave of the (2014/15) NZAVS, which contained responses from 15,822 participants (15,740 retained from one or more previous waves, and 82 unmatched participants or unsolicited opt-ins). The initial Time 1 (2009) NZAVS recruited participants by randomly selecting samples from the New Zealand electoral roll (a national registry of registered voters). A booster sample was later recruited at Time 3 (2011) through an unrelated survey posted on the website of a major New Zealand newspaper. Further booster samples were recruited from the 2012 and 2014 Electoral Roll in subsequent time periods (see online technical document for more).

"Our results reveal that the majority of New Zealanders expressed support the legalisation of euthanasia (66%), which was assessed by asking "Suppose a person has a painful incurable disease. Do you think that doctors should be allowed by law to end the patient's life if the patient requests it?" Regarding those who did not support euthanasia, 21.7% indicated they were neutral/unsure and 12.3% indicated they were strongly opposed. These findings provided tentative evidence for a slight increase in support for euthanasia since the 2012 Horizon Research study, in which 62.9% supported, 24.8% were neutral/unsure and 12.3% opposed euthanasia. Malpas et al. suggest that the rise in international media coverage about practices and legislation of euthanasia may have contributed to a more positive climate regarding euthanasia.

"However, there is a need to be cautious when making comparisons to previous studies, as many used different methods and attitude measures to our study. In line with previous studies, those who were religious, have low household income and high deprivation were found to be less supportive of euthanasia. The effect of religion appears to be associated with their strong belief in the sanctity of life and damnation of suicide. Similar to findings from Horizon Research, Pacific and Asian peoples tended to be less supportive of euthanasia. Unexpectedly, those with higher education and higher social status were significantly less supportive of euthanasia. Furthermore, age had a negative relationship with support for euthanasia, with older people generally being less supportive and this effect tending to plateau among the elderly. This finding is likely to represent a cohort effect, as younger generations tend to exhibit more permissive and liberal attitudes than older generations. Our study also found that more liberal individuals, as opposed to conservative individuals, showed increased support for euthanasia. Previously, Horizon Research found that support for euthanasia was highest among National (70%) and Labour party (67%) voters, but lowest among Conservative party voters (over 45% opposed).

"Although additional research is needed, such strong opposition among Conservative party supporters may be an important contributor to the effect of political orientation. In regard to personality, those high on extraversion, conscientiousness and neuroticism were more supportive of euthanasia, while those high on agreeableness and honesty-humility were more opposed. The effect of honesty-humility is not surprising, as this trait is characterised by morals linked to concern for the wellbeing of others, and has already been associated with decreased support for euthanasia in previous international studies.

"However, the effects of the other five personality traits are novel and appear to be unique to the context of New Zealand. Further research on these effects is needed to increase understanding of the underlying drives behind New Zealanders attitudes towards euthanasia".

One of the recent surveys focused on South Canterbury and was reported on the Stuff website. (Matthew Littlewood, Oct 24 2019, <https://www.stuff.co.nz/timaru-herald/news/116877351/poll-shows-strong-support-in-south-canterbury-for-assisted-dying-legislation>.) Question: Do you support a legal path of euthanasia for people with terminal illnesses who are likely to die within 12 months? The poll, which Curia conducted for Rangitata MP Andrew Falloon, surveyed 500 people and showed that up to 69 per cent were in favour of the Bill becoming law, with 19 per cent against and 11 per cent undecided. The poll was conducted in April 2019. While male and female have the same level of support, support declines with age.

A few further surveys focus on particular professional groups. For example, T. Munday & P. Poon (2020) surveyed members of the Australian and New Zealand Society for Geriatric Medicine with a total of 226 members completing the survey (equating to a 20% response). They found that support for voluntary assisted dying among surveyed ANZSGM members is low, but varies by specialty.

S. Walker, R. Egan, J. Young, C. Jaye (2019) report on a study involving a citizens' jury to learn how a group of New Zealanders view the issue of euthanasia or assisted dying after informed deliberation. Rather than reaching the consensus, the jury became more polarized in the views. This result may inform international debate on EAD policies.

Z. Keon-Cohen, P. S. Myles & D. A. Story (2017) survey Australian and New Zealand Anaesthetists' Attitudes Towards Resuscitation Orders in the Perioperative Setting. The authors received 290 of 790 distributed surveys (37% response rate). The majority (75%) of respondents reported their knowledge as very low, low, or moderate; 37% never or rarely were treating a patient who had an ACD. Over 90% reported that patient's wishes and understanding of ACDs is important and 89% agreed or strongly agreed that advance care planning should be a routine part of hospital admission for high risk patients. Despite this, only 45% of the respondents would always follow an ACD. Although the majority of respondents to this survey support their use in the perioperative setting, clarification of the specific applicability of ACDs to anaesthesia and their binding nature is required.

Michael Wilson, Pam Oliver & Phillipa Malpas (2019) explored nurses' views on legalising assisted dying in New Zealand across a range of clinical conditions, nurses' willingness to engage in legal assisted dying, potential deterrents and enablers to such engagement, and nurses' perceptions of the proper role of their professional bodies in relation to legalising assisted dying. A self-selected sample of 475 New Zealand nurses responded to an anonymous online survey disseminated through the newsletters and websites of relevant medical and nursing professional bodies. A sub-sample of nurses who expressed support for or ambivalence about legalisation (n = 356): rated their level of support for legalising assisted dying in New Zealand across a range of medical conditions, and their willingness to participate in a range of assisted dying tasks; identified barriers and facilitators to potential participation; and assessed the responsibility of the professional bodies to provide practice supports. Nurses supported legalisation at a rate (67%) significantly greater than that of doctors (37%) and for a diverse range of medical conditions. Most supporting nurses were willing to engage in the full range of relevant assisted dying roles. They identified several practical and ethical supports as essential to safe engagement, in particular practice guidelines, specific training, legal protections, clinical supervision and mentoring, and independent review of assisted dying service provision. They saw the facilitation of these supports as primarily the responsibility of their professional bodies.

(4) Attitudes to Cannabis law change

A summary of survey research is in table 3, with the details of some studies in the footnotes.

Table 3: Summary of survey research on attitudes towards cannabis policy

Date	Agency/Author	Question	Support %	Against %	DK %	No. of Cases
June 2020	Horizon ² (for Helius Therapeutics)	Personal Use	56			1600
June 2020	Colmar-Brunton ³	Legalise	49	49		
March 2020	Research NZ	Government Control	43	33	19	1000
5-12 March 2020	IPSOS ⁴	Make it legal for people to grow and possess marijuana for personal use	41	40	16+ 3	610
March, 2020 ⁵	Māori views on cannabis reform: TV3's The Hui.	https://www.healthnorthandcuffs.nz/maori-views-on-cannabis-reform	75			
March 2020	Horizon		54	45		2000
21–26 Feb 2020	Horizon Research		54	45	1	1,986
20 Feb 2020	Helen Clark Foundation and the NZ Drug Foundation	Support for 'Yes' Vote	46	44	10	1000
8–12 Feb 2020	1 News Colmar Brunton		39	51	9	1,004
23–27 Nov 2019	1 News Colmar Brunton		43	49	7	1,006
Nov 2019	NZ Drug Foundation	Support for 'Yes'	43	43	14	1000
Nov 2019	NZ Drug Foundation	When told more about the limits and restrictions on cannabis use and sale in the proposed legislation	50	42	8	1000

² Women (59 per cent), favoured legalisation more than men (52 per cent). National voters (31 per cent), Green voters (81 per cent support).

³ Those groups of voters who are more likely than average (40%) to vote for the legalisation of cannabis include: Green party supporters (81%); Those aged 18-29 (62%); Wellingtonians (57%); Māori (56%); Labour party supporters (48%). And against more likely: National party supporters (68%); Those aged 70+ 65%).

<i>Date</i>	<i>Agency/Author</i>	<i>Question</i>	<i>Support %</i>	<i>Against %</i>	<i>DK %</i>	<i>No. of Cases</i>
11–17 Nov 2019	Horizon Research		48	38	14	1,199
Aug 2019	Curia	Current restrictions remain	7			1026
		Life restrictions on medical but not personal use	65			
		Lift for both	18		10	
3–4 Aug 2019	Horizon Research		39	47	14	1,003
4–8 Jun 2019	1 News Colmar Brunton		39	52	8	1,002
June 2019	Newshub-Reif		41.7	48	10.4	1000
June 2019	TVNZ		39	52	8	
9 May 2019	Horizon Research		52	37	11	1,161
March 2019	Research NZ	Legalise personal use	29	49	18	1220
10–26 Oct 2018	Horizon Research		60	24	16	995
15–19 Oct 2018	1 News Colmar Brunton		46	41	12	1,006

⁴ Ipsos also provided a breakdown by age showing a broad support (of 40% or more) up to people in their 60s collapses to 26% for those 65 and over with a mirror pattern for oppose

	Somewhat/strongly support	Neutral	Somewhat/strongly oppose	DK
Overall	41	16	40	3
18-34	52	18	26	3
35-49	38	16	43	3
50-64	43	20	35	2
65+	26	7	65	2

⁵ The survey also showed that the majority of all Māori age groups under 75 years would vote in favour, and 78% of respondents said they thought Parliament should pass a bill before the binding referendum, so voters know what they're voting for. <https://www.healthnothandcuffs.nz/maori-views-on-cannabis-reform>

<i>Date</i>	<i>Agency/Author</i>	<i>Question</i>	<i>Support %</i>	<i>Against %</i>	<i>DK %</i>	<i>No. of Cases</i>
2–17 Jul 2018	Curia Market Research ⁶⁷	Make it legal for people to grow and possess marijuana for personal use	49	47	3	943
Nov 2017	Research NZ	Legalising cannabis-based products for medicinal purposes.	77	16		500
August 2017	NZ Drug Foundation/Curia	Supporting legalising or decriminalising cannabis.....				938
		For personal possession	65			
		Personal growing	55			
		Growing for friends	26			
		Pain relief	78			
		Terminal pain relief	89			
		Selling from a store	34			
July 2017	Colmar-Brunton	It has been suggested that the sale of cannabis should be legalised. Its cultivation and sale would be regulated	47	41		1007
2016	ISSP	To stay with possession and sale of cannabis as a criminal offence	25.8			
		To decriminalise possession so that it does not result in a criminal conviction	18.0			
		To legalise cannabis for medicinal purposes only	43.5			
		To legalise cannabis for all purposes	12.8			

⁶ The Poll was conducted by Curia Market Research from Monday 2 July to Tuesday 17 July 2018. The sample was drawn from a random selection of 15,000 eligible New Zealand voters contactable on a landline. 943 people agreed to participate. The results were weighted to reflect the overall voting adult population in terms of gender, age and area. The maximum sampling error (for a results of 50%) is +/- 3.2% at the 95% confidence level.

⁷ SEX: Male – 53% for; Female – 42% for

Age Group: 18 – 24 years: 61%; 25 – 34 years: 46%; 35 – 44 years: 54%; 45 – 54 years: 63%; 55 – 64 years: 54%; 65 – 74 years: 31%; 75 yrs or over: 16%

Party Vote 2017: ACT: 42%; Green: 73%; Labour: 60%; National: 24%; NZ First: 36%.

<i>Date</i>	<i>Agency/Author</i>	<i>Question</i>	<i>Support %</i>	<i>Against %</i>	<i>DK %</i>	<i>No. of Cases</i>
Sept. 2016	UMR	“Should Parliament change the laws of New Zealand so that patients have safe legal access to affordable medicinal cannabis and cannabis products when prescribed by a licensed doctor?”	76	12	12	
		...are treated as herbal remedies when used therapeutically?”	61	24	15 undecided	
August 2016	NZ Drug Foundation-Curia poll ⁸	Possessing a small amount of cannabis for personal use should be either legal	33			
		Or decriminalised	31			
		In favour of retaining prohibition	34			
12 April 2016	ONE News Colmar Brunton	“Do you support or oppose the use of marijuana for medical purposes?”	73	21	6	
31st March 2016 –	UMR	For medical purposes	72	13		750
		Support the legalisation of small amounts of marijuana for personal use	46	46		
April 2015	Colmar-Brunton	Remain illegal in all cases	25			1000
		Illegal but can be prescribed for pain relief by doctors	36			
		Should be decriminalised	32			
		Should be legalised	7			
June 2014	Herald-DigiPoll ⁹	Smoking cannabis should attract fine but not a criminal conviction				
		Should be legalised	1/5 th			
April 2014	Campbell Live survey	“It is time to decriminalise cannabis for personal use”	84			

⁸ See below Table 4.

⁹ While most National Party supporters (53.8 per cent) favoured the status quo, almost 45 per cent supported legalisation or decriminalisation.

Date	Agency/Author	Question	Support %	Against %	DK %	No. of Cases
August 2013	UMR: Marijuana	Should Be Legal	14			
		Should Be Illegal	35			
		Decriminalise	46			
August 2013	UMR: synthetic cannabis	Should Be Legal	12			
		Should Be Illegal	47			
		Decriminalise	38			
April 2013	Colmar-Brunton	Remain illegal in all cases	21			
		Illegal but can be prescribed for pain relief by doctors	25			
July 2013	TV3's 3rd Degree	Medicinal cannabis should be allowed	93			
May 2013	TV3's The Vote	Decriminalisation, yes	72			
		Voting no	28			
Sep 2011	TV3's Campbell Live	"Should cannabis be decriminalised?"	72			Replies by text or email
Nov 2006	TV3/TNZ	Support legalising marijuana for pain relief	63			
Sept 2005	Sunday Star-Times pre-election poll ¹⁰	Support for "decriminalisation" of cannabis	37	55		
August 2000	UMR Insight poll published in <i>The Dominion</i> ¹¹	Favour law reform	60			750
		Want to decriminalise cannabis	41			750
		Want cannabis legalised	19			750
April 2000	One News/Colmar Brunton poll	Support for decriminalising cannabis	55	40		
1996	TV3/CM Research poll	Favoured introducing instant fines for small-scale cannabis use	88			
		Favoured "decriminalisation"	65			
		Supported "legalisation"	35			

In addition to the above, a survey Series/ New Zealand Drug Foundation/Curia between 2016-18 provides more detail.

¹⁰ Among the new generation of Kiwis – voters aged under 30 – support was at 45%.

¹¹ The strongest support came from Green Party voters, with 79 per cent in favour of law reform. 67 per cent of Labour voters favour changing the law, as do 65 per cent of Alliance voters and 56 per cent of ACT voters. National voters were 54 per cent in favour of law reform. Support for a law change was strongest among high income earners, with 67 per cent of those on \$50,000 to \$70,000 a year

Table 4.1: Curia/NZDF Time series

<i>Decriminalise/Legalise</i>	2016	2017	2018
Personal possession	64	65	67
Personal growing	52	55	61
Growing for friends	21	26	30
For pain relief	79	78	87
For terminal pain relief	82	81	89
Selling from a store	30	34	38

Table 4.2: Curia/NZDF Details, 2016 & 2018.

2018	Illegal	Decriminalise	Legalise	Legal+Decriminalise
Personal possession	31	32	35	67
Personal growing	38	29	32	61
Growing for friends	69	18	12	30
For pain relief	13	17	70	87
For terminal pain relief	10	17	72	89
Selling from a store	60	9	29	38
August 2016	Illegal	Decriminalise	Legalise	Legal+Decriminalise
Personal possession	34	31	33	64
Personal growing	44	23	27	52
Growing for friends	76	12	9	21
For pain relief	16	16	63	79
For terminal pain relief	15	16	66	82
Selling from a store	64	8	22	30

Table 4.3: Probed Party vote (all voters) 2018. Curia/NZDF Details

	National	Labour	NZ First	Green	Undecided	Total
In favour	36	57	68	84	45	49
Against	63	39	32	10	44	47
Unsure/refuse	1	4	0	6	10	3

More specific studies include those summarised below.

A user study was recently carried out: New Zealand Medicinal Cannabis Use Research Survey 2019. <https://norml.org.nz/new-zealand-medicinal-cannabis-use-research-survey-2019/> July 8, 2019. "The first New Zealand medicinal cannabis patient research survey was launched on J-Day this year, drawing immediate attention with over 1300 people accessing it in the first two weeks. The survey, which is online only, is sponsored by medicinal cannabis patient advocacy organisation MCANZ, and aims to have 2000 people complete the survey questionnaire by July 31st, when participation closes. The 47-question survey only collects anonymous data and been approved by the national Health and Disabilities Ethics Committee, so questions about all forms of therapeutically-used cannabis may be answered safely".

Oldfield' survey (2020) found that Medicinal cannabis prescriptions were limited by cost, barriers, lack of evidence. In a survey of 76 general practitioners published in the New Zealand Medical Journal 42 said a patient had asked for a prescription for medicinal cannabis in the past year, but only 14 had written prescriptions. Cost, special approval, and a lack of strong evidence put most doctors off.

Other than Sativex - an oral spray that combines Tetrahydrocannabinol (THC) and cannabinoid (CBD) - there is no MedSafe-approved cannabinoid-based medicine in New Zealand. Sativex is approved for management of multiple sclerosis, but it not subsidised by drug-buying agency Pharmac. GPs require hospital specialist as well as Ministry of Health approval to prescribe cannabis-related products, with the exception of medicinal cannabidiol or CBD or Sativex for multiple sclerosis.

Most - 84 percent - said they would be "somewhat likely" or "very likely" to prescribe a Pharmac-approved, funded cannabis product if it was backed by good evidence.

Rychert, et al's (2020) study had the aims to explore patterns of medicinal cannabis use prior to implementation of the new Medicinal Cannabis Scheme (MCS) in New Zealand. An anonymous online convenience survey of 3,634 medicinal users of cannabis was promoted via Facebook™ from May to August 2019. Fifty percent of the sample were female, 18 were Maori and the median age was 38 years. The medical conditions for which cannabis was most often used were pain (81%), sleep (66%) and mental health conditions (64%). Respondents perceived cannabis to be an effective therapy and reported reducing use of other pharmaceutical medicines. Fifty-two percent reported side effects from cannabis use, including increased appetite (29%), drowsiness (12%), eye irritation (11%), dependency (10%), memory impairment (10%) and lack of energy (9%). Smoking was the dominant route of administration. Nearly half (47%) had discussed their use of cannabis with a medical professional in the previous year, while 14% had requested a prescription and 5% accessed a prescribed cannabis-based product (mostly oral CBD). The study's conclusion was that: Respondents self-medicated with cannabis to treat a wide range of health complaints. Only half discussed medicinal cannabis use with their medical professional, and a minority requested a prescription and used a prescribed cannabis-based product.

Boden et al. (2020) examines at age 40 a cohort of midlife New Zealanders who have been studied since birth as part of the Christchurch Health and Development Study in relation to their attitudes towards cannabis use, perceived harmfulness, decriminalisation and legalisation of cannabis, and predictors of these attitudes. Their study adds useful extra detail, but the population studied may differ from the attitudes of New Zealanders at other age-ranges.

Table 5.1: Response distribution on cannabis attitude items (N=899). Source: Boden et al. (2020)

Item	Strongly disagree%	Disagree%	Neutral%	Agree%	Strongly agree%
Doctors should be able to prescribe cannabis based products for medicinal purposes (e.g., to relieve chronic pain) without restriction	2.0	4.2	10.1	42.8	40.8
Personal use of cannabis should be decriminalised	7.0	20.2	25.1	28.4	19.4
Cannabis should be legalised and available for sale to people aged 18 or over, like alcohol and tobacco	14.1	35.7	23.4	18.1	8.7
Cannabis use is harmful	3.8	13.0	28.8	44.3	10.1
Decriminalising cannabis will increase the number of people in the community with drug problems	7.5	26.6	21.0	34.0	11.0
People should be allowed to grow cannabis for their own personal use	7.3	34.6	25.8	24.7	7.6
It should remain illegal for private individuals to sell cannabis	2.7	11.7	15.4	52.6	17.7
It should remain illegal for people under the age of 18 to use cannabis	0.7	2.6	6.5	51.7	38.6
Cannabis or cannabis-based products can be an elective form of relief for people experiencing chronic pain or physical health problems	0.8	1.0	10.3	53.2	34.7

Boden et al. also describe different ‘clusters’ of respondents in terms of their attitudes, and explore the Properties of their cannabis attitude scale. Confirmatory factor analysis of the item level data in Table 5.2 showed that the attitude items were consistent with a unidimensional scale reflecting the degree of positive attitudes towards cannabis liberalisation. Goodness of fit indices for a single factor model were: model χ^2 (df) =35.6 (23), $p=0.05$; RMSEA=0.025; CFI=0.98. A scale score was constructed by summing the item level data for each participant, with all items scored such that higher scores reflected more positive attitudes to cannabis and cannabis law reform. The scale was of good reliability ($\alpha=0.83$), and closely approximated a normal distribution ($M=27.3$, $SD=5.9$). The item response profile is shown in Table 5.2, with scores on the overall scale grouped into five groups ranging from those in the lowest decile (most negative) to those in the highest decile (most positive). The table shows that for all but one item (whether it should remain illegal for people under 18 to use cannabis), there were moderate to strong item-scale correlations, ranging from .53 to .84. The low correlation for the item concerning cannabis use by those under 18

Table 5.2 displays Item response profiles across levels of attitudes to cannabis liberalisation scale (percentage of sample who agree or strongly agree with each item).

Table 5.2 Item Attitudes to cannabis liberalisation: Source: Boden et al. (2020)

	Group 1 (very negative)	2	3	4	5 (very positive)	Correlation [®] of item with scale
Scale score	1-10	11-30	31-70	71-90	91-100	
Doctors should be able to prescribe cannabis-based products for medicinal purposes (e.g., to relieve chronic pain) without restriction	48.2	73.6	87.1	97.5	100	0.57
Personal use of cannabis should be decriminalised	3.6	5.2	49.0	91.4	99.0	0.84
Cannabis should be legalised and available for sale to people aged 18 or over, like alcohol and tobacco	0.0	0.5	17.9	57.4	85.2	0.78
Cannabis use is harmful	95.2	79.7	52.8	27.8	15.8	0.62
Decriminalising cannabis will increase the number of people in the community with drug problems	94.0	55.7	23.2	8.0	2.0	0.70
People should be allowed to grow cannabis for their own personal use	2.4	7.1	44.0	85.8	98.0	0.80
It should remain illegal for private individuals to sell cannabis	100.0	93.9	69.8	52.5	26.7	0.56
It should remain illegal for people under the age of 18 to use cannabis	100.0	96.7	88.9	90.1	74.3	0.31
Cannabis or cannabis-based products can be an effective form of relief for people experiencing chronic pain or physical health problems	60.2	82.6	90.0	96.9	100.0	0.53

A series of predictors were examined by Boden et al. to explore what factors were associated with positive attitudes towards cannabis. The multiple regression model had an adjusted $R^2 = .23$:

1. The two strongest predictors of positive attitudes towards cannabis were experience in using cannabis (number of years of weekly use of cannabis; $\beta = .29$), and use of other illicit drugs (number of years of at least monthly use; $\beta = .12$).
2. Participants who scored higher on a measure of novelty-seeking, and those with a history of depression (number of depressive episodes, age 16–40) were also more likely to have positive attitudes towards cannabis, although the strength of association was lower for both ($\beta = .08$ and $.09$, respectively).
3. Māori cohort members were also more likely to endorse positive attitudes towards cannabis ($\beta = .09$).
4. Women ($\beta = -.06$) had marginally more negative attitudes towards cannabis, and those with dependent children ($\beta = -.08$) had significantly more negative attitudes towards cannabis. However, cohort members whose parents had reported using illicit drugs (when the cohort member was aged 11) had marginally more positive views of cannabis ($\beta = .05$).
5. Higher educational attainment was associated with more positive attitudes to cannabis ($\beta = .06$), while having a history of violent or property offending appeared to be unrelated to cannabis attitudes when other factors were taken into account.

Views on cannabis were explored in Curia’s 2019 study.

Table 6: Views on Cannabis Curia (2019): n=1026.

<i>If cannabis is less restricted, what will happen to usage</i>	
Increase	49%
Decrease	6%
Remain the same	35%
Unsure/Refuse	10%
<i>Are tobacco companies pushing for cannabis legalisation?</i>	
Yes	22%
No	36%
Unsure/Refuse	42%
<i>Does cannabis damage brains of under 25s?</i>	
Yes	85%
No	6%
Unsure/Refuse	9%
<i>Do you think that drivers using cannabis are more likely or less likely to cause accidents?</i>	
More likely	81%
Less likely	4%
No difference	4%
Unsure/Refuse	10%
<i>Do you think that young people under the age of 25 who regularly use cannabis are more likely or less likely to get a job?</i>	
More likely	4%
Less likely	63%
No difference	20%
Unsure/Refuse	13%

Hines G.H. (1974) is a much earlier survey:

“A questionnaire concerning attitudes and behavior related to tobacco, alcohol, and drug use was administered to 536 New Zealand and Asian first year students at Victoria University of Wellington. The results revealed that marijuana use has extended to 13.5% of New Zealand and 8.6% of Asian students, two thirds of students do not smoke cigarettes, and nearly one half of New Zealand students drink alcoholic beverages a minimum of almost three times a week. Significantly higher rates of first born than later born students reported marijuana use. Student characterizations of heavy smokers, heavy drinkers, and regular marijuana users were collected and interpreted.”

(5) ISSP cross-tabulations

The 2016 International Social Science Program (ISSP) survey on Government included some interesting questions on both referenda questions. Methodological details are described and assessed in Wu and Milne (2017). The mail out took place on July 11 2016. Participants were able to complete the survey either on the questionnaire provided or online via SurveyMonkey. For those yet to complete the survey, a reminder postcard was sent on August 4 2016, and a second questionnaire

was sent on August 30 2016. A total of n=1350 participants returned surveys between July 11 2016 and 19 December 2016, giving a raw response rate of 33.1%

An analysis is carried out below on the extent to which various social characteristics are associated with different positions in terms of the two issues, both of which have a pair of questions. Should there be a binding referendum on the topic and which way would the respondent vote were there to be one (and indeed there is to be). In addition, two answers to two other questions are bruited: the role of referendums in governance and vote in the previous referendum on the flag – as an indicator of whether respondents are likely to follow through on their expressed viewpoint.

Since the univariate statistics on likely vote for euthanasia and cannabis are already covered above, the table 6 below provides those for the other 4 variables. Table 7 summarises a series of cross-tabulations where few results were statistically significant.

Table 7.1: ISSP Univariate Tables		Column N %
B3b. Should there be a binding referendum on decriminalising/legalising cannabis?	No	40.8%
	Yes, in the next 5 years	39.0%
	Yes, in 6-10 years	4.5%
	Yes, in >10 years	1.5%
	Maybe, at some future time	14.2%
B3c. Should there be a binding referendum on legalising assisted dying / voluntary euthanasia?	No	21.0%
	Yes, in the next 5 years	60.0%
	Yes, in 6-10 years	6.7%
	Yes, in >10 years	1.7%
	Maybe, at some future time	10.8%
B4b. How would you vote in a binding referendum on decriminalising/legalising cannabis?	To stay with possession and sale of cannabis as a criminal offence	25.8%
	To decriminalise possession so that it does not result in a criminal conviction	18.0%
	To legalise cannabis for medicinal purposes only	43.5%
	To legalise cannabis for all purposes	12.8%
B4c. How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia?	To stay with assisted dying / voluntary euthanasia as a criminal offence	22.3%
	To legalise assisted dying / voluntary euthanasia	77.7%
B1. Are referendums are a good way to decide important political questions?	Strongly agree	20.5%
	Agree	50.2%
	Neither agree nor disagree	19.0%
	Disagree	7.7%
	Strongly disagree	2.6%
B2. Did you vote in the 2016 referendum on the New Zealand flag?	No, I did not vote	9.8%
	Yes, I voted to keep the current New Zealand flag	54.7%
	Yes, I voted to change to the blue and black Silver Fern flag	35.5%

Table 7.2: Summary of Crosstabulations

<i>Social Background Characteristics</i>	<i>Should there be a binding referendum on Cannabis Referendum</i>	<i>Should there be a binding referendum on legalising assisted dying / voluntary euthanasia</i>	<i>How Would Vote cannabis</i>	<i>How Would Vote euthanasia</i>	<i>Referend a a good way to decide important issues</i>	<i>Voted In Referendum on flag</i>
<i>Age</i>	Younger (089)	Younger (098)	Ygr (177)	Ygr (130)	Ygr (08)	Old (027)
<i>Gender</i>				Male (123)		
<i>Marital Status</i>			Continuum			
<i>Maori Descent</i>	Maori (188)		Maori (140)		391 complex	
<i>Pakeha</i>	Pakeha slt		Pakeha slt	Pak (334)		Pak (164)
<i>Region of origin</i>		NZer		NZer+Eur		
<i>Region of residence</i>						
<i>Education level</i>			Hi (116)		Hi (101)	Hi (140)
<i>ANZSCO Occupations</i>	<i>marg hir more supportive</i>					Hi (138)
<i>Income</i>	Slight		SlT	179	053	189
<i>Urban rural index</i>						
<i>Household size</i>			SlT (062)			
<i>Income</i>	Slight		Slight	179	053	189
<i>NZ deprivation index quintiles</i>				Less (156)	Hi (069)	Less (167)
<i>Religion</i>	No (.204)		No rel. (164)	none		
<i>Christian denomination</i>	Mainstream		Mainstream			
<i>Church attendance</i>	Never (189)		Never (179)	Never (647)		
<i>Type of Employer</i>						
<i>TU membership</i>	Member (053)					
<i>Voting</i>	Nat/Labour/Greens		Voters (esp. in short-term but			

			no party diffc apart from high Green support)			
<i>Left...right spectrum</i>	Left (231)		Left (.073)	Left (172)		Right (285)

Some Key Illustrative Crosstables from the ISSP survey include tables 8.1 through 8.4:

Table 8.1: How would you vote in a binding referendum on decriminalising/legalising cannabis? * How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia? Crosstabulation % within B4c. How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia?

		B4c. How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia?		Total
		To stay with assisted dying / voluntary euthanasia as a criminal offence	To legalise assisted dying / voluntary euthanasia	
B4b. How would you vote in a binding referendum on decriminalising/legalising cannabis?	To stay with possession and sale of cannabis as a criminal offence	56.0%	16.7%	25.2%
	To decriminalise possession so that it does not result in a criminal conviction	11.1%	20.5%	18.4%
	To legalise cannabis for medicinal purposes only	29.6%	46.6%	43.0%
	To legalise cannabis for all purposes	3.3%	16.2%	13.4%
Total		100.0%	100.0%	100.0%

Table 8.2 Age * B4b. How would you vote in a binding referendum on decriminalising/legalising cannabis?

Crosstabulation

% within Age

		B4b. How would you vote in a binding referendum on decriminalising/legalising cannabis?				
		To stay with possession and sale of cannabis as a criminal offence	To decriminalise possession so that it does not result in a criminal conviction	To legalise cannabis for medicinal purposes only	To legalise cannabis for all purposes	Total
Age	18-30	19.8%	15.6%	37.9%	26.7%	100.0%
	31-45	22.4%	21.4%	39.6%	16.6%	100.0%
	46-60	27.1%	18.8%	47.5%	6.6%	100.0%
	61-75	28.3%	18.0%	48.0%	5.7%	100.0%
	76+	38.2%	10.8%	45.1%	5.9%	100.0%
Total		25.7%	18.0%	43.6%	12.7%	100.0%

Table 8.3 Age * B4c. How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia? Crosstabulation

% within Age

		B4c. How would you vote in a binding referendum on legalising assisted dying / voluntary euthanasia?		
		To stay with assisted dying / voluntary euthanasia as a criminal offence	To legalise assisted dying / voluntary euthanasia	Total
Age	18-30	20.5%	79.5%	100.0%
	31-45	18.8%	81.3%	100.0%
	46-60	22.2%	77.8%	100.0%
	61-75	22.5%	77.5%	100.0%
	76+	37.6%	62.4%	100.0%
Total		22.3%	77.7%	100.0%

Table 8.4:

B4b. How would you vote in a binding referendum on decriminalising/legalising cannabis?

		To stay with possession and sale of cannabis as a criminal offence	To decriminalise possession so that it does not result in a criminal conviction	To legalise cannabis for medicinal purposes only	To legalise cannabis for all purposes
Maori	Non-Maori Descent	26.4%	18.0%	44.4%	11.3%
	Maori Descent	21.8%	18.6%	38.3%	21.3%
Total		25.7%	18.1%	43.5%	12.8%

(6) Some Conclusions

Moral issues often sit alongside (or are partly linked to) mainstream politics and some become mainstream issues. Such issues are often handled as ‘personal values’ or ‘moral conscience vote’ in Parliamentary votes. Because the distribution of opinions on moral issues is not well known often generate a lot of survey research activity, in some part to provide guidance. There is often protest activity too. Other moral issues since the turn of the Millenium include homosexual law reform, gay marriage, prostitution reform, ‘anti-smacking’ as well as cannabis and end of life (euthanasia). However, these two moral issues stand out as the key moral issues of the day. This is supported to some extent by noting that in recent years ‘Research New Zealand’ and Curia have only been polling on these two issues. Euthanasia and Cannabis has spurred considerable survey research activity with some 30 polls focusing on the first and 45 or so in the second since the Millenium. (Some surveys have covered both.)

The two issues have been dissimilar in that views on euthanasia have been broadly constant over time whereas those on cannabis have shown more volatility. But the ‘headline’ results shouldn’t be seen as sufficient for survey research. Some studies have added exploration about what underlies the public’s opinions: what conditions they see as putting limits around any legal change and also what knowledge and broader values underlie their choices on the referenda issues. The next step is to investigate how these attitudes vary amongst population groups, which again some surveys provide information on: on cannabis it seems men, younger adults and those from provincial (rather than metropolitan or rural) areas and those living in lower deprivation areas are more likely to support reform. While moral issues are in principle separated from more normal partisan politics nevertheless those voting supporting the Greens, Labour and New Zealand First are more supportive of change than National party supporters.

Finding out what other people are thinking should not be crucial in formulating views on these two issues, but this information provides an interesting context for the public.

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Personal Statement: I have no strong views on either topic and seek here merely to report the truth about the population's views.

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