

UPDATED
INCLUDES NEW LEADER OF NATIONAL PARTY

ELECTION 2020

This year it's a matter of life and death.
Your votes will literally change lives.

ABORTION EUTHANASIA CANNABIS WHAT NEXT?

As you prepare to vote in the upcoming General Election and referendums, this resource will help you vote with your values.

Also available online
ValueYourVote.nz

**FAMILY
FIRST**
WHANAU TAHI AOTEAROA
NEW ZEALAND

Family First NZ is pleased to present the 2020 *Value Your Vote* resource for families.



Welcome to our resource **Value Your Vote 2020**. This is the fifth election where we have provided this popular voting resource for families.

The 2020 election is unique in that we not only have two votes under the MMP system, the **party vote** and the **electorate vote**, we also get another two votes: on whether **euthanasia** and **cannabis** should be legalised in New Zealand.

Your votes will literally change lives.

We believe that economy, education, health, housing, and law and order are significant. Our response to the health and economic threats of COVID-19 have been especially important this year. But focusing on economics and other issues while ignoring social values will actually make society's present problems worse in the long term, not better.

Research proves that the strength of marriage and family, along with respect for life and the protection of our most vulnerable, has a major impact on the strength of a nation: lowering the rates of child poverty, child abuse, imprisonment, mental health and the costs of welfare - and producing an ordered, civil society.

Over the past two decades, there have been a number of law changes voted on by our politicians which specifically impacted the welfare of New Zealand families. Marriage and the role of parents have been increasingly devalued, and the respect for life and health has never been more at risk.

This brochure (and the accompanying guide on our website valueyourvote.nz) does two things:

1. It allows you to see how each MP, including each party leader, has voted on important social issues.

Many of them are conscience votes, allowing an MP to vote according to his or her conscience rather than along party lines. However, in many cases, there seems to be a 'party conscience'.

2. It explains the reasons why a NO-vote in both the referendum on cannabis and the referendum on euthanasia is the **only** option. There is also a summary of why the new abortion law should never have been passed.

VOTING ACCORDING TO OUR VALUES IS THE GREATEST FREEDOM AND PRIVILEGE WE HAVE. WE SHOULD VALUE IT – AND USE IT!

Please note that Family First New Zealand does not endorse or oppose candidates or parties for elective office. This record should not take the place of your own effort to evaluate parties and candidates. We would encourage all voters to make informed decisions on party policies across key issues.

We are pleased to aid you in making an informed decision when you vote this September.

Bob McCoskrie
National Director - Family First NZ

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ValueYourVote.nz

What have been the key family issues voted on?

In order of voting record shown on pages 6-9

MARRIAGE

SAME-SEX MARRIAGE: 2013



For millions of people worldwide, marriage is a culturally-significant, historically-bound institution. But a majority of politicians chose to reject the obvious cultural and natural characteristics of

marriage, and the subsequent creation and care of children, and made marriage just about partnership. The Marriage (Definition of Marriage) Amendment Act was an act of cultural vandalism. The equality cause is not advanced by destroying institutions. Equality should respect difference, not destroy it.



READ MORE – ProtectMarriage.nz

SAME-SEX MARRIAGE – FREEDOM OF CONSCIENCE: 2013



Under the same-sex marriage legislation, it is unlawful for churches, mosques and synagogues to refuse to host same-sex marriages if the building is normally made available to the public. While the bill was being debated, a majority of

MPs voted down an amendment which would uphold the right of individual celebrants and registrars to refuse to marry a same-sex couple. Since the law change, some wedding facilities have been pressured to change their policies, or have stopped making their facilities available to the public, to avoid possible prosecution. Some marriage celebrant applicants have been turned down due to their personal convictions on the definition of marriage, despite assurances from politicians that this would not happen.



DEFINITION OF MARRIAGE: 2005



In 2005, the Marriage (Gender Clarification) Amendment Bill attempted to clearly define and confirm marriage as a union between one man and one woman, in accordance with the common law understanding of marriage. The bill was defeated.



EUTHANASIA

ASSISTED SUICIDE / EUTHANASIA: 2019, 2003



In 2019, a majority of MPs voted for a private members bill from ACT MP David Seymour which legalised euthanasia and assisted suicide. Many MPs had to 'hold their noses' and vote for a referendum to be held to approve this law change – despite

opposing other referendums on important social issues - in order for the bill to be passed. The referendum will be held at the same time as the General Election this year. Amendments to allow for full freedom of conscience provisions for health professionals, and a mandatory one-week cooling-off period, were both defeated. In 2003, a



READ MORE – “20 Reasons to Vote NO to Euthanasia in 2020” – pages 14-17 of this booklet

MARIJUANA & OTHER DRUGS

LEGALISING CANNABIS FOR RECREATIONAL USE: 2020



As part of the coalition agreement between Labour and the Greens, a referendum on legalising marijuana will be held at the same time as the General Election this year. [We asked every MP how they would vote in the upcoming cannabis

referendum. For MPs who didn't respond, we have also looked at public statements they may have made. These are noted with a * in the voting record pages 6-9.]



READ MORE – “20 Reasons to Vote NO to Cannabis in 2020” – pages 10-13 of this booklet

DECRIMINALISING ALL DRUGS: 2019



The Misuse of Drugs Amendment Act 2019 was introduced primarily to provide police with additional powers to target the manufacturers and suppliers of synthetic drugs, which have caused significant societal harm and many deaths.

However, the Government also used the bill to introduce what the Law Society and the Police Association labelled 'a de-facto decriminalisation' of not just cannabis, but *all* drugs – P, heroin and cocaine. The NZ Police said that discretion was already being used by the Police on a daily basis, including "the use of alternative resolution options including pre-charge warnings, Te Pae Oranga, and referrals to health and other support services" and that their focus "continues to be on targeting the organised criminal networks who supply these harmful drugs to our communities. However, the possession and use of illicit drugs remains illegal and prosecution remains an option in order to prevent harm and keep people safe." At the same time as the public are about to vote on whether we should legalise cannabis, the Government is telling police not to prosecute people buying and using hard drugs.



[It is acknowledged in our record that at the 11th hour, NZ First was able to force the Government to tighten the discretion in favour of the 'public interest' when determining whether to prosecute.]

MEDICINAL MARIJUANA: 2018



In 2018, the Government introduced legislation to make medicinal cannabis products more accessible. Regulations to support that Bill came into force on 1 April 2020, meaning approved cannabis-based medicines can now be prescribed by

any medical practitioner. The NZ Drug Foundation said it was a "win for patients". National proposed an alternative bill, setting out a much more detailed regulatory regime which would allow patients to buy cannabis products from pharmacists, and would not allow for any loose-leaf smoking. While Family First agreed with the concerns expressed by National around loose-leaf smoking – it is clearly not a medicine - we do support the expansion of further quality research into the components of the marijuana plant for delivery via non-smoked forms. Medicinal marijuana should be tested and supervised (and funded) like any other medicine – but not used as a smokescreen for recreational use. **We should keep marijuana medical.** If the current medicinal cannabis regime is falling short, we should fix that legislation, but that does not mean we should legalise it for recreational use.



In 2018, prior to the introduction of the government bill, Green MP Chloe Swarbrick's (previously Julie Anne Genter's) private member's bill was effectively a grow-your-own-dope-medicine bill, with very little control or safeguards. It was rejected by the majority of MPs.



READ MORE – SayNopeToDope.org.nz/medicinal

What have been the key family issues voted on?

In order of voting record shown on pages 6-9

ABORTION

ABORTION LEGISLATION BILL: 2020



The new abortion law – championed by Jacinda Ardern during the 2017 election campaign and passed this year – means that New Zealand now has one of the most extreme abortion laws in the world. A number of

amendments designed to remove some of the extreme aspects of the law were all rejected by a majority of MPs.



READ MORE – “Fatal Flaws – The Abortion Legislation Act 2020” – pages 18-19 of this booklet

THE ROLE OF PARENTS

PARENTAL NOTIFICATION FOR TEEN ABORTIONS: 2004, 2020



Currently, girls under the age of 16 can have an abortion without their parents being informed. In 2004, a law-change proposed to prevent this was defeated. During the debate on the new 2020 abortion law (*referred to above*), an amendment which would have seen abortion for minors treated like any other health procedure was again defeated. In all other health contexts, the health practitioner is required to assess the child's capacity prior to a medical procedure and, where capacity is lacking, obtain the consent of a parent or guardian. It is ironic that abortion advocates want abortion to be treated as a 'health issue' – but not when it involves a teenager seeking an abortion.



READ MORE – LoveThemBoth.nz

ANTI-SMACKING LAW: 2007



Section 59 of the Crimes Act was amended in 2007, removing legal protection from parents who exercise discipline over their children in the form of reasonable physical punishment – despite the fact 87% New

Zealanders opposed it in a subsequent referendum. Most social indicators around the welfare of children have continued to worsen since the law change, proving we are not tackling the real causes of child abuse. The amendment makes parents who engage in reasonable correction of their children liable for prosecution and unwarranted intervention by police and Oranga Tamariki. Despite promises that this wouldn't happen, legal analysis and evidence from families rebut the assurances that were given.



READ MORE – ProtectGoodParents.nz

DECRIMINALISE NON-ABUSIVE SMACKING: 2009



Just over a week after 87% of New Zealanders voted overwhelmingly in a referendum to change the anti-smacking law, politicians had the opportunity to support a bill that would have decriminalised light and non-abusive smacking for

the purpose of correction. This would have removed the fear and uncertainty around the anti-smacking law. This proposed amendment to the law was virtually identical to that aggressively lobbied for by the National party during the 2007 debate (see *above*). The bill was defeated at 1st Reading, and all National MPs voted against it.



OTHER SOCIAL ISSUES

DECRIMINALISING PROSTITUTION: 2003

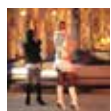


Prostitution was made legal in New Zealand in 2003. The new law enabled small brothels to operate in residential areas next to family homes, and failed to protect communities and families from the effects of street prostitution. It also failed to deliver on the stated aim of the law, which was to significantly improve the safety, health and welfare of prostitutes. What it *has* achieved is an improvement in working conditions for pimps and brothel owners.

Ultimately, the new law legalised the sexual exploitation of vulnerable people.



BAN AUCKLAND STREET PROSTITUTION: 2015



A number of communities around New Zealand have been trying to deal with the problems created by street prostitution: intimidation, noise, litter, and criminal behaviour. The 2003 prostitution law (see *above*) failed to give local councils the

ability to deal with the nuisance and harm caused to both prostitutes (many of whom are under-age) and families. This bill, which was defeated, would have enabled prostitutes to be moved out of residential and family shopping areas.



RAISE DRINKING (PURCHASE) AGE: 2012



New medical evidence on accident probability, disease and brain development, along with the Child and Youth Mortality Review and the recommendations of the Prime Minister's chief science adviser, made it absolutely clear that delaying the age at which young people have easy access to alcohol would reduce the level of damage they and society suffer as well as contributing to their future health and well-being. An increase in the drinking purchase age would undo some of the harm which resulted from the previous lowering of the age. The proposal was defeated. (This is just one of the 5+ Solutions for reducing alcohol harm which Family First supports.)



EASTER TRADING: 2016



After a number of attempts to change the law, the Shop Trading Hours Amendment Act was passed in 2016, allowing trading on Easter Sunday (at the discretion of local councils). Based on the arguments used by its proponents, Good Friday, Anzac Day and Christmas Day will soon be targeted.



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Where do party leaders stand on key family issues?



JACINDA ARDERN
LABOUR



WINSTON PETERS
NZ FIRST



JAMES SHAW
GREENS



JUDITH COLLINS
NATIONAL



DAVID SEYMOUR
ACT



LEIGHTON BAKER
NEW CONSERVATIVES

Go to ValueYourVote.nz for any additional comments made by the leaders						
MARRIAGE						
Define marriage as one man and one woman	OPPOSE *	SUPPORT	OPPOSE	OPPOSE *	OPPOSE	SUPPORT
Freedom of conscience for belief in traditional marriage	OPPOSE *	OPPOSE *	NO RESPONSE	OPPOSE *	DIDN'T VOTE	SUPPORT
Redefine marriage to allow polygamy, group marriage	NO RESPONSE	OPPOSE	OPPOSE	NO RESPONSE	NO POSITION	OPPOSE
Policies promoting marriage	NO RESPONSE	SUPPORT	NEUTRAL	NO RESPONSE	NO POSITION	SUPPORT
Same-sex adoption by non-biologically related adults	SUPPORT *	OPPOSE	SUPPORT *	NO RESPONSE	SUPPORT	OPPOSE
ABORTION						
Decriminalisation of abortion	SUPPORT *	OPPOSE	SUPPORT	SUPPORT *	SUPPORT	OPPOSE
Ban on sex selection abortions	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	SUPPORT
Foetal pain provision for late term abortions	OPPOSE *	OPPOSE *	OPPOSE *	DIDN'T VOTE *	OPPOSE *	SUPPORT
Ban on disability discrimination abortions	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	SUPPORT
Late term abortions only for exceptional circumstances	OPPOSE *	OPPOSE *	OPPOSE *	DIDN'T VOTE *	OPPOSE *	SUPPORT
Born-alive law (care of children who survive abortion)	OPPOSE *	OPPOSE *	OPPOSE *	DIDN'T VOTE *	OPPOSE *	SUPPORT
Full conscientious objection for health practitioners	OPPOSE *	OPPOSE *	OPPOSE *	DIDN'T VOTE *	OPPOSE *	SUPPORT
ASSISTED SUICIDE / EUTHANASIA						
Decriminalisation of euthanasia / assisted suicide	SUPPORT *	SUPPORT ¹	SUPPORT	SUPPORT *	SUPPORT	OPPOSE
Full freedom of conscience for medical professionals	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	SUPPORT
1-week cooling off period	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE *	OPPOSE	SUPPORT
ANTI-SMACKING LAW / REFERENDUMS						
Decriminalise non-abusive smacking	OPPOSE *	SUPPORT	OPPOSE	OPPOSE *	SUPPORT	SUPPORT
Independent Oranga Tamariki (CYF) Complaints Authority	NO RESPONSE	SUPPORT	SUPPORT	NO RESPONSE	SUPPORT	SUPPORT
Binding Citizens' Initiated Referendums	NO RESPONSE	SUPPORT	OPPOSE	NO RESPONSE	NO POSITION	SUPPORT
PARENTING & FAMILY						
Parental notification for teen pregnancies	OPPOSE *	OPPOSE *	OPPOSE	OPPOSE *	OPPOSE *	SUPPORT
Expert Panel to investigate harms of pornography	NO RESPONSE	SUPPORT	SUPPORT	NO RESPONSE	SUPPORT	SUPPORT
GENDER 'IDENTITY'						
Gender 'identity' is separate from biological sex	SUPPORT *	OPPOSE *	SUPPORT	NO RESPONSE	NO POSITION	OPPOSE
Counselling ban for youth with gender confusion ⁴	SUPPORT *	NO RESPONSE	SUPPORT	NO RESPONSE	OPPOSE	OPPOSE
DRUGS						
Legalisation of cannabis for recreational use	SUPPORT *	OPPOSE	SUPPORT	OPPOSE *	SUPPORT *	OPPOSE
De facto decriminalisation of ALL drugs	SUPPORT *	SUPPORT ²	SUPPORT	OPPOSE *	OPPOSE *	OPPOSE
Medicinal marijuana (Government bill which incl smoking)	SUPPORT *	SUPPORT *	SUPPORT	OPPOSE ³	DIDN'T VOTE	SUPPORT
PROSTITUTION						
Repeal of Prostitution law - prosecute buyer	NO RESPONSE	SUPPORT	OPPOSE	SUPPORT *	OPPOSE	SUPPORT
Ban on brothels in residential areas	NO RESPONSE	SUPPORT	OPPOSE	NO RESPONSE	NO POSITION	SUPPORT
Ban on street prostitution	OPPOSE *	SUPPORT	OPPOSE	OPPOSE *	OPPOSE	SUPPORT
ALCOHOL						
Raise drinking and purchase age to 20	OPPOSE *	SUPPORT	OPPOSE	SUPPORT *	OPPOSE	SUPPORT
Alcohol law reform (5+ Solution) ⁵	NO RESPONSE	PARTIAL SUPPORT	PARTIAL SUPPORT	NO RESPONSE	PARTIAL SUPPORT	SUPPORT
TAXATION OF FAMILIES						
Income splitting for parents	NO RESPONSE	SUPPORT	PARTIAL SUPPORT	SUPPORT *	NO POSITION	SUPPORT
Paid parental leave (6 months)	SUPPORT *	SUPPORT	SUPPORT	OPPOSE *	OPPOSE	SUPPORT
OTHER ISSUES						
Three Strikes' legislation (based on current position)	OPPOSE *	SUPPORT *	OPPOSE	SUPPORT *	SUPPORT	SUPPORT
Easter Sunday Trading	OPPOSE *	OPPOSE	OPPOSE	SUPPORT *	SUPPORT	OPPOSE

1. Supported on the basis of also holding a public referendum
2. NZ First supported this bill, but did force Labour / Greens to accept an amendment which helped maintain the ability for legal sanction - rather than full decriminalisation as intended by Labour / Greens
3. National support medicinal marijuana, but opposed this bill because "smoking is not medicine", a concern that Family First shares.
4. A counselling ban for youth with gender confusion (aka "conversion therapy") is a ban on any attempt by parents or counsellors to reduce gender dysphoria by helping the child become comfortable with their biological sex. These bans are really about locking children into transgenderism.
5. Raise price, raise purchase age, reduce accessibility, reduce advertising & sponsorship, target drink-driving (plus increase treatment availability).

* Based on public statements or votes
 "Didn't vote" = was a current MP but either abstained or didn't show up for the vote
 Labour leader **Jacinda Ardern** refused to complete our questionnaire. Where possible, we have recorded a response based on her voting record and/or public statements. We surveyed co-leader **Marama Davidson** whose responses were identical to **James Shaw**. The **Māori Party** also refused to respond to our questionnaire.
 The **New Conservatives** were surveyed because a significant number of their policies align with the positions of Family First NZ, and they are currently appearing in the political polls. This in no way should be taken as an endorsement of the party as a whole.
 # Since the new appointment of Judith Collins as leader of the National Party, we have sent our questionnaire for her to complete. At time of reprinting this Guide, we had not received a response. Check our website for updates.

How did MPs vote on the key family issues?

We have only included MPs seeking re-election. Refer to pages 3-4 for explanations of these issue headings.

Correct at the time of printing

	SURNAME	FIRST NAME	ELECTORATE	MARRIAGE			EUTHANASIA				DRUGS			
				SAME-SEX MARRIAGE 2013	MARRIAGE CONSCIENCE 2013	DEFINITION OF MARRIAGE 2005	EUTHANASIA 2019	Conscientious Objection	Cooling Off	EUTHANASIA 2003	CANNABIS REFERENDUM	DECRIM ALL DRUGS	MEDICINAL (GREENS) 2018	MEDICINAL (GOVT) 2018
Green	Davidson	Marama	#TAMAKI MAKARAUAU				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Genter	Julie Anne	# LIST ONLY	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Ghahraman	Golriz	#MT ROSKILL				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Logie	Jan	#MANA	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Sage	Eugenie	#BANKS PENINSULA	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Shaw	James	# WELLINGTON CENTRAL				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Swarbrick	Chloe	#AUCKLAND CENTRAL				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
Labour	Allan	Kiri	# EAST COAST				SUPPORT	SUPPORT	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Andersen	Virginia	#HUTT SOUTH				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Ardern	Jacinda	MT ALBERT	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Clark	David	DUNEDIN	SUPPORT	OPPOSE		OPPOSE	SUPPORT	SUPPORT		YES *	SUPPORT	SUPPORT	SUPPORT
	Coffey	Tamati	WAIARIKI				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Craig	Liz	#INVERCARGILL				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Davis	Kelvin	TE TAI TOKERAU				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Eagle	Paul	RONGOTAI				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Fafoi	Kris	# LIST	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Henare	Peeni	TAMAKI MAKARAUAU				SUPPORT	OPPOSE	OPPOSE		NO*	SUPPORT	OPPOSE	SUPPORT
	Hipkins	Chris	RE Mutaka	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Jackson	Willie	# LIST				SUPPORT	OPPOSE	OPPOSE		NO*	SUPPORT	OPPOSE	SUPPORT
	Kanongata'a-Suisuiki	Anahila	# PAPAURA				OPPOSE	SUPPORT	SUPPORT		NO	SUPPORT	OPPOSE	SUPPORT
	Little	Andrew	# LIST	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Lubeck	Marja	#KAIPARA KI MAHURANGI				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Luxton	Jo	# RANGITATA				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	McAnulty	Kieran	# WAIRARAPA				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Mahuta	Nanaia	HAURAKI-WAIKATO	SUPPORT	OPPOSE	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Mallard	Trevor	# LIST	SUPPORT	OPPOSE	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Nash	Stuart	NAPIER				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	OPPOSE	SUPPORT
	O'Connor	Damien	WEST COAST-TASMAN	OPPOSE	SUPPORT	OPPOSE	OPPOSE	SUPPORT	SUPPORT	OPPOSE	NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	O'Connor	Greg	OHARIU				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	OPPOSE	SUPPORT
	Parker	David	# EPSOM	SUPPORT	OPPOSE	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Prime	Willow-Jean	#NORTHLAND				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Radhakrishnan	Priyanka	# MAUNGAKIEKIE				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Robertson	Grant	WELLINGTON CENTRAL	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Rurawhe	Adrian	TE TAI HAUĀURU				OPPOSE	SUPPORT	SUPPORT		NO*	SUPPORT	SUPPORT	SUPPORT
	Russell	Deborah	NEW LYNN				OPPOSE	OPPOSE	OPPOSE		NO*	SUPPORT	SUPPORT	SUPPORT
	Salesa	Jenny	PANMURE-ŌTĀHUHU				OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	SUPPORT	OPPOSE	SUPPORT
	Sepuloni	Carmel	KELSTON				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Sio	Aupito William	MĀNGERE	OPPOSE	SUPPORT		OPPOSE	SUPPORT	OPPOSE		NO	SUPPORT	SUPPORT	SUPPORT
	Strange	Jamie	#HAMILTON EAST				OPPOSE	SUPPORT	SUPPORT		NO	SUPPORT	SUPPORT	SUPPORT
	Tinetti	Jan	#TAURANGA				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Tirikatene	Rino	TE TAI TONGA	OPPOSE	OPPOSE		OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	SUPPORT	SUPPORT	SUPPORT
	Twyford	Phil	TE ATATŪ	SUPPORT	OPPOSE		OPPOSE	SUPPORT	SUPPORT		YES *	SUPPORT	SUPPORT	SUPPORT
	Wall	Louisa	# LIST	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES	SUPPORT	SUPPORT	SUPPORT
	Warren-Clark	Angie	#BAY OF PLENTY				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Webb	Duncan	CHRISTCHURCH CENTRAL				SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Whaitiri	Meka	IKAROA-RĀWHITI				OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	SUPPORT	OPPOSE	SUPPORT
	Williams	Poto	CHRISTCHURCH EAST				OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	SUPPORT	OPPOSE	SUPPORT
	Wood	Michael	MT ROSKILL				OPPOSE	SUPPORT	NO VOTE		YES *	SUPPORT	SUPPORT	SUPPORT
	Woods	Megan	WIGRAM	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		YES *	SUPPORT	SUPPORT	SUPPORT
	Ross	Jami-Lee	BOTANY	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
	Seymour	David	EPSOM				SUPPORT	OPPOSE	OPPOSE		YES *	OPPOSE	SUPPORT	NO VOTE

#MPs that are List MPs are standing in the electorate indicated

*Based on public statements

= Consistent with Family First position
 = Not consistent with Family First position
 = Not in Parliament

SURNAME	ABORTION 2020 (explanation of these specific issue headings, see pages 18-19)							PARENTING				OTHER			
	ABORTION LEGALISATION 2020	Born Alive Provisions	Sex Selection Ban	Disability Discrimination Ban	Foetal Pain Provision	Late Term Limits	Conscience Provisions	PARENTAL NOTIFICATION 2020	PARENTAL NOTIFICATION 2004	ANTI-SMACKING LAW 2007	DECriminalISE LIGHT SMACKING 2009	DECIM'N OF PROSTITUTION 2003	BAN STREET PROSTITUTION 2015	RAISE ALCOHOL PURCHASE AGE 2012	EASTER TRADING 2016
Davidson	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							OPPOSE
Genter	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	OPPOSE
Ghahraman	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Logie	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	OPPOSE
Sage	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	OPPOSE
Shaw	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		OPPOSE
Swarbrick	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Allan	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Andersen	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Ardern	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE	OPPOSE	OPPOSE
Clark	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	SUPPORT	OPPOSE
Coffey	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Craig	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Davis	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE		OPPOSE
Eagle	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Faafai	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	OPPOSE
Henare	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		OPPOSE
Hipkins	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE	OPPOSE	OPPOSE
Jackson	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Kanongata'a...	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT							
Little	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	SUPPORT	OPPOSE
Lubeck	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Luxton	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
McAnulty	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Mahuta	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE
Mallard	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE
Nash	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		OPPOSE
O'Connor	OPPOSE	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE
O'Connor	OPPOSE	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Parker	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE
Prime	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Radhakrishnan	SUPPORT	NO VOTE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Robertson	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE	OPPOSE	OPPOSE
Rurawhe	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT					OPPOSE		OPPOSE
Russell	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Salesa	OPPOSE	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT					OPPOSE		OPPOSE
Sepuloni	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE		OPPOSE
Sio	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE	SUPPORT	OPPOSE
Strange	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT							
Tinetti	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Tirikatene	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT					OPPOSE	OPPOSE	OPPOSE
Twyford	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE			OPPOSE		OPPOSE	OPPOSE	OPPOSE
Wall	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	SUPPORT	OPPOSE
Warren-Clark	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Webb	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Whaitiri	OPPOSE	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT					OPPOSE		OPPOSE
Williams	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		OPPOSE
Wood	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE							
Woods	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	OPPOSE
Ross	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	OPPOSE	SUPPORT
Seymour	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		SUPPORT

Every attempt has been made to accurately represent the voting record of MPs. We welcome any documented corrections.

How did MPs vote on the key family issues?

We have only included MPs seeking re-election. Refer to pages 3-4 for explanations of these issue headings.

Correct at the time of printing

			MARRIAGE			EUTHANASIA				DRUGS			
SURNAME	FIRST NAME	ELECTORATE	SAME-SEX MARRIAGE 2013	MARRIAGE CONSCIENCE 2013	DEFINITION OF MARRIAGE 2005	EUTHANASIA 2019	Conscientious Objection	Cooling Off	EUTHANASIA 2003	CANNABIS REFERENDUM	DECRIM ALL DRUGS	MEDICINAL (GREENS) 2018	MEDICINAL (GOVT) 2018
Bakshi	Kanwaljit Singh	# PANMURE-ŌTĀHUHU	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Bayly	Andrew	PORT WAIKATO				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Bennett	David	HAMILTON EAST	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Bidois	Dan	NORTHCOTE				OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	OPPOSE		OPPOSE
Bishop	Chris	HUTT SOUTH				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
Bridges	Simon	TAURANGA	OPPOSE	NO VOTE		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Brown	Simeon	PAKURANGA				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Brownlee	Gerry	ILAM	OPPOSE	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT	OPPOSE	NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
Collins	Judith	PAPAKURA	SUPPORT	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	NO*	OPPOSE	OPPOSE	OPPOSE
Dean	Jacqui	WAITAKI	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
Doocey	Matt	WAIMAKARIRI				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
Garcia	Paulo	# LIST				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE		OPPOSE
Goldsmith	Paul	# EPSOM	SUPPORT	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Hayes	Joanne	# MANA				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Hipango	Harete	WHANGANUI				OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Hudson	Brett	# ŌHĀRIU				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
King	Matt	NORTHLAND				SUPPORT	OPPOSE	OPPOSE		NO*	OPPOSE	OPPOSE	OPPOSE
Kuriger	Barbara	TARANAKI-KING COUNTRY				SUPPORT	OPPOSE	OPPOSE		NO*	OPPOSE	OPPOSE	OPPOSE
Lee	Denise	MAUNGAKIEKIE				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Lee	Melissa	# MT ALBERT	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Loheni	Agnes	# MĀNGERE				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE		OPPOSE
Macindoe	Tim	HAMILTON WEST	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
McClay	Todd	ROTORUA	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
McKelvie	Ian	RANGITIKEI	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Mitchell	Mark	WHANGAPARĀOA	OPPOSE	SUPPORT		SUPPORT	OPPOSE	OPPOSE		NO*	OPPOSE	OPPOSE	OPPOSE
Muller	Todd	BAY OF PLENTY				OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Ngaro	Alfred	# TE ATATU	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
O'Connor	Simon	TĀMAKI	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Parmar	Parmjeet	# MT ROSKILL				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Penk	Chris	KAIPARA KI MAHURANGI				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Pugh	Maureen	# WEST COAST-TASMAN				OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE		OPPOSE
Reti	Shane	WHANGĀREI				OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Simpson	Scott	COROMANDEL	SUPPORT	OPPOSE		SUPPORT	OPPOSE	OPPOSE		NO	OPPOSE	OPPOSE	OPPOSE
Smith	Nick	NELSON	OPPOSE	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT	OPPOSE	NO*	OPPOSE	OPPOSE	OPPOSE
Smith	Stuart	KAIKŌURA				SUPPORT	OPPOSE	OPPOSE		YES*	OPPOSE	OPPOSE	OPPOSE
Stanford	Erica	EAST COAST BAYS				SUPPORT	OPPOSE	OPPOSE		NO*	OPPOSE	OPPOSE	OPPOSE
Upston	Louise	TAUPŌ	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
van de Molen	Timothy	WAIKATO				SUPPORT	OPPOSE	OPPOSE		NO RESPONSE	OPPOSE	OPPOSE	OPPOSE
Willis	Nicola	# WELLINGTON CENTRAL				SUPPORT	OPPOSE	OPPOSE		NO*	OPPOSE		OPPOSE
Woodhouse	Michael	# DUNEDIN	OPPOSE	NO VOTE		OPPOSE	SUPPORT	SUPPORT		NO*	OPPOSE	OPPOSE	OPPOSE
Young	Jonathan	NEW PLYMOUTH	OPPOSE	SUPPORT		OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Yule	Lawrence	TUKITUKI				OPPOSE	SUPPORT	SUPPORT		NO	OPPOSE	OPPOSE	OPPOSE
Ball	Darroch	# PALMERSTON NORTH				SUPPORT *	OPPOSE	OPPOSE		NO	SUPPORT	OPPOSE	SUPPORT
Jones	Shane	# NORTHLAND				SUPPORT *	OPPOSE	OPPOSE		NO*	SUPPORT	OPPOSE	SUPPORT
Marcroft	Jennifer	# TĀMAKI				SUPPORT *	OPPOSE	OPPOSE		UNDECIDED	SUPPORT	OPPOSE	SUPPORT
Mark	Ron	# WAIRARAPA			OPPOSE	SUPPORT *	OPPOSE	OPPOSE	OPPOSE	NO	SUPPORT	OPPOSE	SUPPORT
Martin	Tracey	# ŌHĀRIU	OPPOSE	OPPOSE		SUPPORT *	OPPOSE	OPPOSE		NO	SUPPORT	OPPOSE	SUPPORT
Patterson	Mark	# TAIERI				SUPPORT *	OPPOSE	OPPOSE		NO*	SUPPORT	OPPOSE	SUPPORT
Peters	Winston		OPPOSE	OPPOSE	SUPPORT	SUPPORT *	OPPOSE	OPPOSE	SUPPORT	NO	SUPPORT	OPPOSE	SUPPORT
Tabuteau	Fletcher	# ROTORUA				SUPPORT *	OPPOSE	OPPOSE		NO	SUPPORT	OPPOSE	SUPPORT

#MPs that are List MPs are standing in the electorate indicated

*Based on public statements

	ABORTION 2020 (explanation of these specific issue headings, see pages 18-19)							PARENTING				OTHER			
SURNAME	ABORTION LEGALISATION 2020	Born Alive Provisions	Sex Selection Ban	Disability Discrimination Ban	Foetal Pain Provision	Late Term Limits	Conscience Provisions	PARENTAL NOTIFICATION 2020	PARENTAL NOTIFICATION 2004	ANTI-SMACKING LAW 2007	DECriminalise LIGHT SMACKING 2009	DECIM'N OF PROSTITUTION 2003	BAN STREET PROSTITUTION 2015	RAISE ALCOHOL PURCHASE AGE 2012	EASTER TRADING 2016
Bakshi	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
Bayly	OPPOSE	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	SUPPORT					OPPOSE		SUPPORT
Bennett	SUPPORT	NO VOTE	SUPPORT	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT		SUPPORT	OPPOSE		OPPOSE	OPPOSE	SUPPORT
Bidois	SUPPORT	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Bishop	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	didn't vote	OPPOSE					OPPOSE		SUPPORT
Bridges	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
Brown	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Brownlee	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT
Collins	SUPPORT	NO VOTE	OPPOSE	OPPOSE	NO VOTE	NO VOTE	NO VOTE	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	SUPPORT
Dean	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT		SUPPORT	OPPOSE		OPPOSE	OPPOSE	SUPPORT
Dooney	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE					OPPOSE		SUPPORT
Garcia	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Goldsmith	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE	OPPOSE	SUPPORT
Hayes	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE		SUPPORT
Hipango	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Hudson	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE					OPPOSE		SUPPORT
King	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT							
Kuriger	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE		SUPPORT
Lee	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Lee	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	OPPOSE	SUPPORT
Loheni	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Macindoe	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
McClay	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
McKelvie	OPPOSE	SUPPORT	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE	OPPOSE					OPPOSE	OPPOSE	SUPPORT
Mitchell	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT	OPPOSE					OPPOSE	SUPPORT	SUPPORT
Muller	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE		SUPPORT
Ngaro	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE	SUPPORT	SUPPORT
O'Connor	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE	OPPOSE	SUPPORT
Parmar	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE		SUPPORT
Penk	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Pugh	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT					OPPOSE		SUPPORT
Reti	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	SUPPORT					OPPOSE		SUPPORT
Simpson	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					OPPOSE	SUPPORT	SUPPORT
Smith	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT
Smith	didn't vote	OPPOSE	SUPPORT	didn't vote	SUPPORT	OPPOSE	OPPOSE	SUPPORT					OPPOSE		SUPPORT
Stanford	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Upston	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
van de Molen	OPPOSE	SUPPORT	SUPPORT	OPPOSE	SUPPORT	SUPPORT	OPPOSE	SUPPORT							
Willis	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Woodhouse	OPPOSE	SUPPORT	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT			OPPOSE		OPPOSE	OPPOSE	SUPPORT
Young	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT			OPPOSE		OPPOSE	SUPPORT	SUPPORT
Yule	OPPOSE	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT	SUPPORT							
Ball	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					SUPPORT		OPPOSE
Jones	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Marcroft	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Mark	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE		OPPOSE	SUPPORT		OPPOSE
Martin	SUPPORT	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					SUPPORT	SUPPORT	OPPOSE
Patterson	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE							
Peters	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	SUPPORT	OPPOSE		OPPOSE	SUPPORT	SUPPORT	OPPOSE
Tabuteau	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE	OPPOSE					SUPPORT		OPPOSE

Every attempt has been made to accurately represent the voting record of MPs. We welcome any documented corrections.

20 REASONS TO VOTE **NO** TO CANNABIS IN 2020

QUESTION:

Do you support the proposed Cannabis Legalisation and Control Bill?

YES

NO



IMPORTANT NOTE: “The Medicinal Cannabis Scheme, effective from 1 April 2020, aims to increase access to medicinal cannabis products. Medicinal cannabis is not included in the proposed law that will be voted on in the referendum.”

– NZ Government referendums website

Medicinal cannabis will not be affected by the outcome of this referendum

1 POTENCY - TODAY'S MARIJUANA IS A DIFFERENT, HARDER DRUG

THIS IS NOT YOUR PARENTS' POT

When drug advocates talk about marijuana, they're not referring to the 2%-THC of the 'Woodstock weed' era. Potency – the amount of THC (the psychoactive chemical in cannabis) – has been increasing steadily in the past few decades. And with increasing THC levels in marijuana products, consumed via edibles, vaping and dabbing, the risk is growing. The New Zealand government has already indicated that they want to allow 15% THC content. In Colorado, the average THC content of all tested flower in 2017 was 19.6%, and for concentrated extract products, 68.6%. Potency rates can now be as high as 99.9%. It *was* just a plant – but it isn't today. It is a fundamentally different, harder drug.

2 WE'VE BEEN LIED TO BEFORE

Remember *Big Tobacco*? Tobacco companies lied to New Zealanders and the world for more than a century about the dangers of smoking. They based their market on addiction. They deliberately targeted kids. They even had doctors promote cigarettes as medicine. And today we are paying the price.

The conversation is now being dictated by *Big Marijuana*, who will deny evidence-based science, and emphasise the economic benefits of large tax revenues, while ignoring the harms. But people should always come before profits.



3 CANNABIS WILL BE MORE THAN JUST SMOKING A JOINT

In addition to smoking a joint (at the same time as we aim to go 'SmokeFree 2025'), myriad cannabis products (e.g., edibles, concentrates, infusions, tinctures, lotions and butters) will eventually be available and heavily marketed. These products can be smoked, eaten, vaped, or used topically. Many of these products are easily transportable and readily concealed or disguised, and appealing to children.



4 DOPE IS ADDICTIVE AND HARMFUL – IT WRECKS LIVES

According to virtually every scientific review, including a 2016 World Health Organisation (WHO) report and a 2017 National Academy of Sciences study, marijuana is addictive and harmful – despite rhetoric from the marijuana industry. Direct associations have been made between the frequency of marijuana use and higher THC potency with the development of mental health issues (psychosis, depression, anxiety, suicidality, reshaping of brain matter, and addiction). Links to lung damage and serious cardiovascular problems have also been found (hypertension, myocardial infarction, cardiomyopathy, arrhythmias, stroke and cardiac arrest). Chronic adolescent marijuana use has been correlated with cognitive impairment and a decreased ability to do well in work or school.



VOTE NO – SayNopeToDope.nz

5 THEY CALL IT 'CANNABIS CONTROL' – DO YOU?

In the legislation which would oversee the legalisation of cannabis, there are the following provisions:

- The purchase and possession allowance for each person is up to 40 joints... per day!
- Cannabis can be grown and consumed at home, so children will be directly exposed to drug use. 'SmokeFree 2025' – but a joint or edible in the home is fine – along with 'social sharing' with other users.
- Edibles and dabbing will be allowed. Edibles are targeted at young people and encourage people to use cannabis who otherwise wouldn't have. Dabbing, or inhaling vaporised marijuana, can contain as much as 70% more THC than plant-based marijuana.
- When the potency is *limited* (15% for the flower in the proposed law), this will simply empower the black market and the gangs who *will* provide higher THC products demanded by users.
- No specific legislation around road safety measures, workplace safety, or health risks for pregnant mums.
- Terms such as 'education' and 'prevention' are only used in the context of preventing *harm from use* or *over-consumption*, and education is mentioned only in the context of addressing harmful *cannabis use*, and to promote *responsible use*. The notion of 'Drug-Free' is ignored.

That doesn't sound like 'control', does it.

UP TO 40
JOINTS PER
PERSON...
PER DAY

delay (dropping out of school), subsequent unemployment, welfare dependence, increased risk of psychotic symptoms, major depression, increased risk of motor vehicle accidents, tobacco use, other illicit drug use and respiratory impairment. Teenagers who start smoking cannabis daily before the age of 17 are seven times more likely to commit suicide. Regular or heavy cannabis use was associated with an increased risk of using other illicit drugs, abusing or becoming dependent upon other illicit drugs, and using a wider variety of other illicit drugs. Teens will be attracted to the newer forms of consumption – vaping and edibles.

8 LAWS WORK: THE ILLEGAL STATUS DETERS PEOPLE FROM USING



While there will be some who are enticed by the illegality, most people do not like engagement with criminal behaviour or with drug dealers. Laws and firm messages work. The end goal of the anti-smoking campaign, for example, is not 'slow down' or 'moderate' but QUIT, along with a realistic understanding

about the effort required to reach that end, with numerous strategies and support agencies assisting on the journey. And the numbers overwhelmingly suggest that it is working.

9 IT'S NOT A WAR ON DRUGS – IT'S A DEFENCE OF OUR BRAINS



The term 'war on drugs' (first coined by the media over a hundred years ago) is outdated and wrongly frames the way we should work to properly address the harmful impacts of drug use and its consequences. We should support a balanced public health and public safety approach

to drug policy, guided by science and evidence, not drug advocates. If the war against drugs is lost, then so are the 'wars' against theft, speeding, fraud, rape, murder, arson and illegal parking. Few, if any, such 'wars' are winnable. As Bertha K. Madras, PhD, Professor of Psychobiology, Department of Psychiatry at Harvard Medical School, states, "*This is not a war on drugs: it is a defence of our brains - the repository of our humanity.*"

6 LEGALISING CANNABIS WHILE PROMOTING HEALTH IS HYPOCRITICAL

ADDICTION IS
EXACTLY WHAT
BIG MARIJUANA
WANTS

Messages promoting marijuana use will dilute or negate the no-smoking and 'look after your mental health' messages. Telling people that smoking up to 30-40 joints a day is OK while at the

same time aiming for 'Smokefree 2025'? Legalising marijuana – which is known to negatively impact mental health – while also trying to reduce suicide rates? The hypocrisy of those wanting to legalise cannabis is stunning.

7 OUR CHILDREN NEED HOPE, NOT DOPE

The Christchurch Health and Development Study (CHDS) showed that the use of cannabis was associated with increased risks of a number of adverse outcomes, including: educational

VOTE NO – Time to be wise

10 NOBODY IS BEING LOCKED UP FOR SMOKING A JOINT

Part of the 'health' argument is based on the myth that 'petty' marijuana users are filling our prisons. But in the last three years, only 16 people in total have been given a prison or home detention sentence for cannabis possession offences, and these sentences are 'influenced by their previous offending history'. International studies show that most are imprisoned for drug-related offences, that is, crimes committed while on drugs (murder, armed robbery, theft, assault, child abuse, etc.) or crimes committed in order to obtain drugs. Public safety and health should take priority.

11 PREGNANT MUMS AND THEIR UNBORN BABIES ARE AT RISK

Legalisation of marijuana has led to major concerns around pregnant mums using the drug, and more newborn babies failing drug tests. Doctors caution that marijuana's effects on a fetus could include low birth rate and developmental problems. A recent study of half a million women found that marijuana use doubled among pregnant women between 2002 and 2017, and is most common in the first trimester. This is due to increasing acceptance of cannabis use and decreasing perceptions of cannabis-associated harms.



12 THE LINK BETWEEN CANNABIS AND CHILD ABUSE / FAMILY VIOLENCE



THE IMAGE OF THE LAID-BACK CHILLED POT SMOKER CAN BE DECEPTIVE

A certain percentage of people who use marijuana can experience psychosis and may become violent. In 2018, researchers at Ohio and Tennessee Universities found that marijuana use was associated with psychological, physical and sexual intimate-partner violence. A University of Florida study in 2011 found that frequent marijuana users in adolescence were more than twice as likely to become *victims* of domestic violence. In 2018, Texas reported that marijuana was the most used substance connected to child abuse and neglect deaths – a similar finding to Arizona in 2017.

13 REALITY CHECK – LEGALISING CANNABIS WILL INCREASE USE

U.S. COLLEGE STUDENTS ARE USING CANNABIS AT THE HIGHEST RATES IN 35 YEARS

Some drug advocates try to argue that legalisation of marijuana will not result in an increase in use. Nothing could be further from the truth. The percentage of young adults (18-25-year-olds) reporting past-month marijuana use increased at a higher rate in 'legal' states versus non-legal ones. In all jurisdictions with legalised recreational marijuana, past-month drug use among youth aged 12-17 continues to sit above the national average.

14 WORKPLACE DOPE USE WILL AFFECT EVERYONE'S SAFETY

A SAFE, HEALTHY AND DRUG-FREE WORKPLACE IS EVERYONE'S BUSINESS

In the U.S., marijuana is the most commonly detected substance across the majority of industry sectors. Studies consistently show marijuana users have significantly lower levels of commitment to their work than non-users, and are absent more often. If marijuana is legalised in New Zealand, what will be the added costs to the workforce in absenteeism, accidents, healthcare, additional workplace training and insurance premiums? Drugs don't work in the workplace.

15 DRIVING STONED WILL PUT EVERYONE AT RISK



The rights of people to be safe on the road outweighs the right to smoke cannabis. If a person has THC in their system, we don't want them on the road endangering other drivers and families.

Since recreational marijuana was legalised in Colorado, marijuana-related traffic deaths increased 151%, and doubled in Washington state. A quarter of Canadians aged 18-34 have driven after consuming cannabis or have been a passenger with someone who has, and a Colorado survey in 2018 found 69% of marijuana users have driven under the influence in the past year, and 27% admitted to driving high almost *daily*. A New Zealand study found that *habitual users of marijuana have about 10 times the risk of car crash injury or death compared to infrequent or non-users*.

For an online version of this pamphlet, go to SayNopeToDope.nz

16 A SOCIAL INJUSTICE



Pro-marijuana advocates argue that legalisation will increase 'social justice', but if there are issues of systemic injustice and racism, the U.S. experience is showing that legalisation does not address the root

of these issues and instead only exacerbates these problems by promoting increased drug use and the accompanying negative social consequences in disadvantaged communities. Disparities in drug use and criminal offence rates continue to exist between different racial and income groups in US states which have legalised. In states that have legalised marijuana, minority youth are showing much larger increases in use of marijuana than their Caucasian counterparts. In a similar trend to the placement of alcohol outlets and pokie machine venues in New Zealand, minority and low-income groups are the target of *Big Marijuana* for drug use and abuse. Melbourne University research found that daily cannabis use significantly increased a man's likelihood of becoming homeless.

17 PROMISES OF A TAX WIND-FALL ARE GROSSLY OVERSTATED

Drug supporters and the marijuana industry are quick to overestimate large amounts of revenue from marijuana sales, but underestimate the societal costs of legalisation. Societal costs not referred to or underestimated by drug supporters include: greater other drug use, greater marijuana use among underage students, property and other economic damage, controlling an expanded black market, public intoxication and traffic fatalities, and other financial burdens. Legalisation also results in administrative and enforcement costs, similar to alcohol regulation. Our experience with alcohol and tobacco already shows us that tax revenue from marijuana sales will fall well short of the costs.

18 LEGALISING CANNABIS ISN'T GOOD FOR THE PLANET



The full effects of the cannabis industry on the natural environment are only just beginning to be recognised. These impacts occur even under a so-called 'regulated' environment, as the vast

amounts of water and electricity needed to power marijuana farms are damaging to the environment. Marijuana cultivation is almost four times more energy intensive than oil or coal.

Because the black market for marijuana in legalised US states has not abated, abuse and degradation of public lands from illegal grows has continued. A recent investigation in San Diego found that nearly 30% of marijuana samples purchased from licensed retailers in Southern California lab-tested positive for pesticides.

19 THE BLACK MARKET (AND GANG INVOLVEMENT) WILL CONTINUE



In areas where marijuana has been legalised, the evidence is overwhelming as to how misleading the claim is that legalisation will end the black market. In Canada, just 29%

IT'S ABOUT THE MONEY

of users buy all of their product legally. Organised criminal syndicates and gangs adapt to changing political and economic environments, because their ultimate goal is not to break the law but to commercialise and exploit human nature. Legalisation is unlikely to see a decrease in any associated criminal activity, and if cannabis is heavily regulated, this will drive drug users to the black market with its cheaper and higher potency products, and provide a 'legal' cover for dealers in the community.

20 LEGALISATION OF MARIJUANA IS JUST THE START

HELEN CLARK'S U.N. GROUP (GCDP) WANTS TO END THE CRIMINALISATION OF ALL DRUG USE



If we listen to drug advocates internationally, they want legalisation of not just cannabis but all drugs – cocaine, heroin, meth. Even the Drug Foundation is calling for the decriminalisation of ALL drugs. Legalising dope is not the end of the matter. It's just the beginning.

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NO COST. But a donation is optional (and appreciated)

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VOTE NO – SayNopeToDope.nz

20 REASONS TO VOTE **NO** TO EUTHANASIA IN 2020

QUESTION:

Do you support the
End of Life Choice Act 2019
coming into force?

YES

NO



1 WE ALREADY HAVE 'CHOICE'

A person may refuse medical treatment, even if it will result in his or her death. Section 11 of the New Zealand Bill of Rights Act 1990 says, "Everyone has the right to refuse to undergo any medical treatment." This can include 'Do Not Resuscitate' orders. Refusing medical treatment is not euthanasia.

It's really important to understand the terminology in this debate.

Most people simply want to ensure that the administration of pain relief and the withdrawal of burdensome treatment are not treated as illegal. That's already the case. There is no legal or ethical requirement that a diseased or injured person must be

kept alive 'at all costs'. The law has drawn a clear and consistent line between withdrawing medical support thereby *allowing* the patient to die of his or her own medical condition, versus *intentionally* bringing about the patient's death.



EUTHANASIA / ASSISTED SUICIDE IS NOT

turning off life support

stopping futile medical tests, treatment and surgeries

making a 'Do Not Resuscitate' (no CPR) request

stopping food and/or fluids if they become too burdensome for the patient

receiving as much medication as needed to treat pain and other symptoms

EUTHANASIA / ASSISTED SUICIDE IS

injecting a deadly dose of drugs

receiving a deadly dose of drugs to swallow later

TERMINOLOGY



EUTHANASIA is the act of intentionally, knowingly, and directly causing the death of a patient, at the request of the patient. If someone other than the person who dies performs the last act, euthanasia has occurred.

ASSISTED SUICIDE occurs if the person who dies performs the last act.

PHYSICIAN (DOCTOR) ASSISTED SUICIDE is where the person providing the means (e.g. lethal drugs) is a medical practitioner.

ASSISTED DYING is a term that is also used for both euthanasia and assisted suicides.

[The End of Life Choice Act 2019 allows both euthanasia and assisted suicide. It would allow doctors and nurse practitioners to provide or administer a lethal dose of drugs.]

PALLIATIVE CARE is "active total care... for people whose illness is no longer curable, the goal is around providing quality of life, managing pain and symptoms to enable people to live every moment in whatever way is important to them." (Hospice NZ)

2 ABUSE WILL HAPPEN

The terminally ill and those living with life-limiting illnesses are often vulnerable. And not all families, whose interests are at stake, are wholly unselfish and loving. They could coerce a patient into requesting euthanasia, perhaps to get an inheritance sooner or to save themselves the 'burden' of caring for the patient. An overseas study found that a third of all euthanasia deaths in the Flemish region of Belgium are done without explicit request, and the legal requirement to report euthanasia has not been fully complied with in other countries that allow euthanasia either. The risk of abuse cannot be eliminated.

The End of Life Choice Act is seriously deficient in so far as it only requires doctors to "do their best" to ensure that the person is free from pressure - an extremely low legal threshold. Moreover, it fails to outline any process for ensuring patients are free from coercion. As the NZMA stated in their submission to the Justice Select Committee: "The provisions in the Bill will not ensure that a decision to seek assisted dying will always be made freely and without subtle coercion." In addition, a euthanasia request could be signed on a person's behalf by someone who stands to benefit from that person's death. *[The majority of MPs voted against strengthening the safeguards in this area].*

For an online version of this pamphlet (including references
& additional information) go to PROTECT.ORG.NZ

3 DIAGNOSIS AND PROGNOSIS CAN BE WRONG

Diagnosis and prognosis are based on probability, not certainty. Some people will be euthanised on account of a disease they *thought* they had but did not. The Act that we are voting on relies on a diagnosis that a person suffers from a terminal illness which is “likely” to end his or her life within six months. There are many examples of individuals who have outlived their prognoses – sometimes by months, even years. A study of doctors’ prognoses for terminally ill patients found only 20% of predictions were within 33% of the actual survival time. A 2012 paper published in the *British Medical Journal* noted that 28% of autopsies report at least one misdiagnosis.

4 A SLIPPERY SLOPE

There is concrete evidence from the countries which have introduced euthanasia that the availability and application of euthanasia expands to situations not initially envisaged. When a newly-permitted activity is characterised as a ‘human right’, the overseas experience is that there is an inevitable push to extend such a ‘right’ to a greater number of people, such as those with chronic conditions, disabilities, mental illness, those simply ‘tired of life’, or even children.



5 ‘RIGHT TO DIE’ WILL BECOME A ‘DUTY TO DIE’



The reality is that terminally ill people are vulnerable to direct and indirect pressure from family, caregivers and medical professionals, as well as self-imposed pressure. They may come to feel euthanasia would be ‘the right thing to do’; they’ve ‘had a good innings’ and do not want to be a ‘burden’ to their nearest and dearest. It is virtually impossible to detect subtle emotional coercion, let alone overt coercion, at the best of times.



6 THE INCREASED RISK OF ELDER ABUSE

Elder abuse is already a significant problem in New Zealand. About 80% of it remains hidden and unreported. We cannot ignore the possibility that dependent elderly people may be coerced into assisted suicide/euthanasia. Elderly and ailing patients are also all too aware that their increasingly expensive rest home and geriatric care is steadily dissipating the inheritance that awaits their children. Sadly, some unscrupulous and callous offspring might not be slow in pointing this out.

7 ‘ASSISTING’ SUICIDE MAY PROMOTE SUICIDE



As 21 New Zealand mental health practitioners and academics recently argued, there is mounting statistical evidence from Oregon, Belgium and the Netherlands that as the numbers using assisted dying rise, so too do suicide rates in the general population. It may

be that promoting suicide as a response to suffering is a message that cannot be contained to just those with a terminal illness. Proponents of the Act that we are voting on have been asked to prove that legalising assisted suicide won’t raise the general suicide rate, but they won’t because they can’t. On the one hand society will offer some individuals *assistance* to commit suicide, i.e. euthanasia, yet on the other hand seek to *prevent* individual suicides. Given our suicide epidemic, sensible and caring thinking says it is too risky to proceed.

DID YOU KNOW? Of the 39,159 submissions made to the Select Committee considering the proposed law, almost 92% were opposed to the bill, including 93.5% of submissions received from doctors, nurses and other health care staff.

How many euthanasia ‘mistakes’ are we willing to accept?

8 DEPRESSION MAY BE INFLUENCING THE DECISION

Virtually all patients who are facing death or battling an irreversible, debilitating disease are depressed at some point. However, many people with depression who request euthanasia overseas revoke that request if their depression and pain are satisfactorily treated. If euthanasia or assisted suicide is allowed, many patients who would have otherwise traversed this dark, difficult phase and gone on to find meaning in life will die prematurely.

9 ASSISTED SUICIDE DEVALUES DISABLED PEOPLE



Advocates for the rights of people with disabilities are correct to be concerned. New Zealander Dr John Fox, a sufferer of spastic hemiplegia who is in daily pain, says: "Don't drop us. Don't make it harder for us. Don't tempt us to end our lives."

When we have our darkest moments, we need our country to reflect back to us that we are loved, necessary, valued and equal. Even though they say they've fixed [the Act], we know that a law like this broadens, that we can't control it, that loopholes come back to haunt us. That's why [David] Seymour's Bill is dangerous." As disability rights group *Not Dead Yet* put it, "There are endless ways of telling disabled people time and time again that their life has no value."

10 COST MAY DRIVE DECISIONS

The End of Life Choice Act only provides a 'right' to one choice – premature death. There is no corresponding right to palliative care. Good palliative care and hospice services are resource intensive; euthanasia would be cheaper. A law change will introduce a new element of 'financial calculation' into decisions about end-of-life care. This harsh reality is arguably the 'elephant in the room' in the debate. At an individual level, the economically disadvantaged who don't have access to better healthcare could feel pressured to end their lives because of the cost factor or because other better choices are not available to them.

11 WIDESPREAD OPPOSITION

Opposition to the Act that we are voting on has come from those in the **disability sector**, **senior citizens**, **human rights advocates**, **lawyers**, **doctors** and others in the **health sector**.

12 MEDICAL BODIES OPPOSE IT

Almost all medical associations around the world have position statements *opposing* euthanasia, including the World Medical Association representing more than 10 million physicians worldwide. The New Zealand Medical Association (NZMA) has clearly stated its opposition to euthanasia and doctor-assisted suicide, and regard these practices to be "unethical and harmful to individuals, especially vulnerable people, and society."

SPECIFIC PROBLEMS WITH THE END OF LIFE CHOICE ACT 2019

Even if you support some sort of an assisted suicide/euthanasia law, the END OF LIFE CHOICE ACT 2019 is definitely not the solution. The proposed Act contains significant flaws which will place vulnerable and elderly people at risk.

13 NO INDEPENDENT WITNESSES

No independent witnesses are required at any stage of the process, including at the death. In contrast, two people need to witness the signing of the written request in Oregon, one of whom must be totally independent (not a relative or someone able to benefit from the estate, or an employee of a health care facility or the attending medical practitioner). Canada and Victoria (Aus) require two independent witnesses as well as the co-ordinating medical practitioner. *[The majority of MPs voted against an amendment requiring an independent witness at the death].*

14 NO REQUIREMENT FOR MENTAL COMPETENCE AT DEATH

Unlike in Victoria or Canada, there is no safeguard in the proposed law whereby the person's mental competence should be assessed at the time the lethal dose is administered. This increases the risk of wrongful death.

15 NO COOLING-OFF PERIOD

There is no mandatory cooling-off period before the administration of the lethal dose, such as the minimum of 15 days in Oregon (with a limited exception), 9 in Victoria or 10 in Canada. The only timeframe specified in the End of Life Choice Bill 2019 is a minimum of 48 hours between the writing of the prescription and the chosen time of death. **That means the whole process from request to death could be completed in just a few days.** *[The majority of MPs voted against a one-week cooling-off period – see voting record, pages 6 and 8].*

DID YOU KNOW?

MPs proposed 114 amendments to make the proposed law less flawed. Of those 114, just 3 were approved, including the decision to allow the referendum. Many of these proposed amendments weren't even debated. This was after members of the Select Committee, given 16 months to study the bill and hear submissions, were unable to agree that it be passed.

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FAMILY
FIRST
WHANAU TAHI AOTEAROA
NEW ZEALAND



"[W]e do not support the proposed End of Life Choice Bill. Furthermore, we believe the Bill itself has a number of serious shortcomings and technical flaws. These reflect the **impossibility of drafting euthanasia and doctor-assisted suicide legislation that is completely**

effective in terms of defining those eligible, ensuring a free choice, protecting the vulnerable, and ensuring competency. In conclusion, euthanasia in any form conflicts with the ethical principles of medical practice and would change the fundamental role of the doctor and the doctor-patient relationship."

NZMA Submission to Justice Select Committee

16 NO REQUIREMENT FOR EXISTING DOCTOR/PATIENT RELATIONSHIP



The first medical practitioner (in the proposed two-practitioner process) need not have met the patient previously. Further, they can also determine a person is eligible for assisted dying without having talked to the person face-to-face. A

medical practitioner with concerns could be blocked by the patient from talking to the family to check for coercion. This is especially problematic where a doctor has no former knowledge of the patient. There is no requirement that the person discuss his or her assisted suicide or euthanasia wishes with any other person. These are serious flaws in the Act. Appropriate protections in relation to coercion are sadly lacking. *[The majority of MPs voted not to fix this problem].*

17 NO REQUIREMENT TO SEEK AVAILABLE TREATMENTS

There is no requirement that a person tries palliative care or other treatments first. That means that for some people, euthanasia will not be a *last resort*. *[The majority of MPs voted against putting appropriate safeguards in this area].*

18 WEAK ACCOUNTABILITY

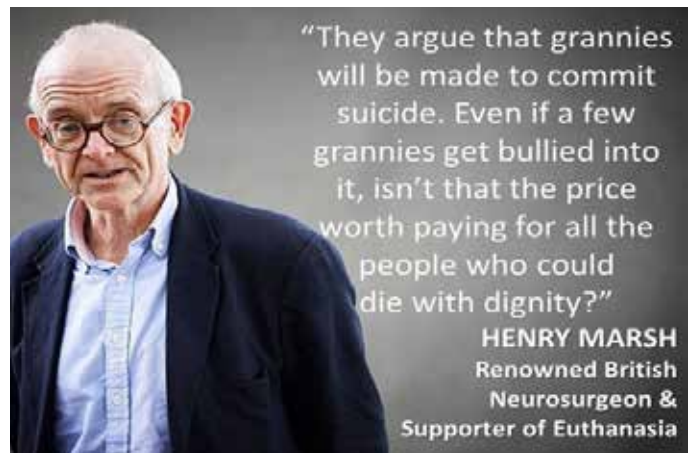
Under-reporting is a major issue overseas. In the Act we are voting on, the registrar doesn't need to follow up missing death reports or check for anomalies. The review system does not allow for the examination of the patient's background health records, unlike in the Netherlands. And even there, up to a quarter of Dutch euthanasia deaths are not being officially reported. New Zealand could end up with an even less robust system of accountability.

19 NO CLEAR LINE BETWEEN TERMINAL & CHRONIC/DISABLED

Supporters of the proposed law claim that it doesn't threaten people with disabilities. However, **many disabilities are life-limiting and involve complications that can become life-threatening.** In Oregon, "death within six months" has been interpreted by the health authorities to include "death within six months if not receiving medical treatment." *[An appropriate safeguard was proposed, but MPs didn't even debate or vote on it].*

20 WEAK FREEDOM OF CONSCIENCE RIGHTS

The Act offers **no explicit protection for organisations such as rest homes and hospices** whose philosophical, ethical or religious traditions may preclude offering euthanasia or assisted suicide. In the future they may be forced to offer euthanasia on their premises to avoid losing government funding, as has happened in Canada. *[The majority of MPs voted against putting in appropriate protections in this area].* **Medical practitioners with a conscientious objection** would still be obliged to inform their patient about the government body which would be set up to help administer euthanasia, even if this would be against their professional judgment and personal ethics. *[The majority of MPs voted against full freedom of conscience provisions – see voting record, pages 6 and 8].*



Euthanasia and assisted suicide put many of us in danger. Nothing in this Act guarantees the protection required for vulnerable people, including the disabled, elderly, depressed or anxious, and those who feel themselves to be a burden or who are under financial pressure. The international evidence backs up these concerns, and explains why so few countries have made any changes to the law around this issue.

Don't let NZ make a euthanasia / assisted suicide mistake.

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THE ABORTION LEGISLATION ACT 2020

ONE OF THE MOST EXTREME ABORTION LAWS IN THE WORLD

FETAL FLAWS

ABUSE OF HUMAN RIGHTS

Taking abortion out of the criminal code and inserting it into health legislation has given the unborn baby the same status as an appendix, gall bladder or tonsils – simply ‘tissue’ removed as part of a ‘health procedure’. Anyone who has viewed the ultrasound of an unborn child will know that this is a gross abuse of human rights. It also creates inconsistency with other legislation and public health messaging which clearly recognises the rights of the unborn child. Abortion is both a health issue and a legal issue.



When does life begin?

The question we should be debating is this: at what point does the unborn child become a human being? At what point does the foetus deserve human rights and protection? Prime Minister Jacinda Ardern has so far refused to answer this question, put to her by 12 women who have experienced abortion. In an open letter to the Prime Minister, the women said that a **failure to answer the question may result in inadvertently killing human beings**, rather than merely ‘removing human tissue’.

YES, LATE-TERM ABORTIONS UP TO BIRTH ARE LEGAL

Previously, the Crimes Act allowed for an abortion after 20 weeks’ gestation *only in exceptional circumstances*. The new law means that a woman can have a late-term abortion if the abortion provider ‘reasonably believes the abortion is clinically appropriate in all the circumstances,’ having regard to the woman’s physical and mental health and wellbeing. **This is a very broad, subjective test.** The terms ‘physical health’, ‘mental health’ and ‘wellbeing’ are **not defined** by the law. The gestational age to be considered is **not defined**.

Given one of the intents of the law was to make abortion more accessible, it is difficult to imagine many instances in which an

abortion could now be refused. Justice Minister Andrew Little has admitted that late-term abortions up to birth *could* happen under the new law. Make no mistake – **the law has been drafted in such a way that an abortion can legally be obtained up until the point that a child has been fully born, for any reason** – despite what politicians may claim.

* Statistics NZ data shows that 800 late-term abortions have been performed over the last 10 years where there was no danger to the physical health or life of the mother, ie 91% of all late-term abortions were not to save the life of the mother.

[A majority of MPs voted against an amendment to allow abortions post-20 weeks only for extreme circumstances – *see the voting record on pages 7 and 9*]

NO ‘BORN ALIVE’ PROVISION

A proposed amendment to the new law *specified* that if a baby was born alive after an attempted abortion procedure, there was a duty to provide the child with appropriate medical care and treatment. Internationally, babies have survived abortion – not just for a few hours but sometimes through to adulthood – so it was vital to have an express provision in the abortion legislation to reinforce this obligation.

[A majority of MPs voted against the proposed amendment- *see the voting record on pages 7 and 9*]

BACKSTREET HOME ABORTIONS



Women may now be able to access the abortion process from home, and possibly even from school. The law has also broadened the category of people who may certify and perform abortions: “medical practitioner” has been replaced by “health practitioner”. This means that a Family Planning nurse could

prescribe abortion pills – which trigger a miscarriage – over the phone or by video (e.g. Facetime or Skype).

Previously, abortion drugs had to be taken on the premises of a licensed medical practitioner. Now, under the new law, pills may be delivered to a home by courier, meaning no supervision over who takes the pills or whether the medication is taken at the correct time. It is also much more difficult to discern if a woman

or girl is vulnerable, in an abusive or coercive relationship, and whether a reliable adult is present to care for her during what can be a painful and/or distressing process. The home abortion could be used as a way to cover up abuse more easily. **All of this will place women at increased risk.**

NO FOETAL PAIN PROVISION

A proposed amendment to the new law would have **required those performing abortion procedures post-20 weeks to ensure the foetus did not feel pain.** This would have been similar to the Animal Welfare Act, which requires vets to make sure animals don't feel pain.

[A majority of MPs voted against the proposed amendment – see *the voting record on pages 7 and 9*]



NO SUPPORT FOR WOMEN

There are no provisions in the new law to protect women and girls from being coerced into an abortion – for example, by a boyfriend or family member. There are also no provisions to ensure women have the mental-health support they need, both before and after an abortion, or that they are made fully aware of the physical and psychological risks of abortion. The law does not require that women be informed of all their options and the support available – and the Ministry of Health says women who are considering an abortion should be told that ‘abortion is safer than continuing a pregnancy.’

NO PARENTAL NOTIFICATION

The new abortion law allows schools to take girls for an abortion without parental knowledge. In fact, prior to 20 weeks, **a young girl can simply self-refer for an abortion.** In all other health contexts, a health practitioner is required to assess a child's capacity prior to a medical procedure and, where capacity is lacking, obtain the consent of a parent or guardian. Why can parents be deliberately excluded from this procedure? It is ironic that abortion supporters want abortion to be treated as a ‘health’ issue, but not when it involves a teenager.

[A majority of MPs voted against a proposed amendment to treat abortion similar to other health procedures in terms of parental involvement – see *the voting record on pages 7 and 9*]

SEX-SELECTIVE ABORTIONS

The new law does not specifically prevent sex-selective abortions. Sex selective abortion is a well-known problem in China and India, where

son-preference cultures have resulted in extremely skewed sex ratios. There is evidence that sex-selective abortion is already occurring in other countries, including Canada and Australia. It should be a crime when baby girls are aborted simply because they are girls.

[A majority of MPs voted against a proposed amendment to explicitly outlaw sex-selective abortions – see *the voting record on page 7 and 9*]

NO TIME LIMIT FOR DISABILITIES



The new law has removed the previous 20-week time limit for disability abortions. In 2017, during the election campaign, the organisation Saving Down's highlighted concerns around Jacinda Ardern's pledge to change the law, saying this would introduce abortion through to birth for babies with disabilities. In response, Jacinda

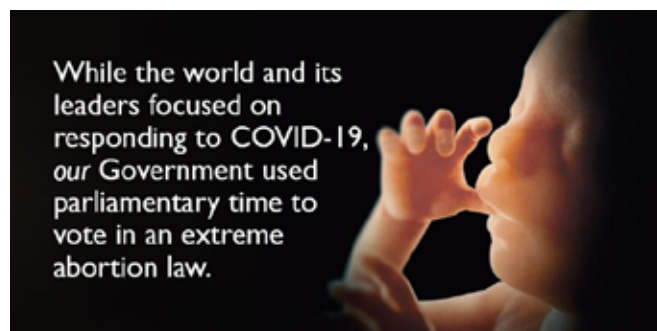
Ardern made a commitment to not increase the time limit for disability-selective abortion. In the UK, there are increasing numbers of late-term abortions for conditions such as cleft lip and club foot. [A majority of MPs voted against a proposed amendment to explicitly outlaw disability-discrimination abortions – see *the voting record on pages 7 and 9*]

LESS FREEDOM OF CONSCIENCE

The new law waters down the freedom of conscience rights for health practitioners. Those who disagree with abortion will now be required to provide information to women about abortion service providers – against their own consciences. Also of concern is the *potential* for an employer to terminate a position, or to refuse to hire someone, on the grounds of his or her conscientious objection. [A majority of MPs voted against proposed amendments to keep conscientious objection standards the same as they were under the previous law – see *the voting record on pages 7 and 9*]

PUBLIC OPPOSITION

More than 90% of public submissions opposed the bill – and almost 95% of those who also wanted to speak to the Abortion Legislation Committee were denied the opportunity. Independent polling found that only 4% of New Zealanders wanted more liberal time limits for abortion.



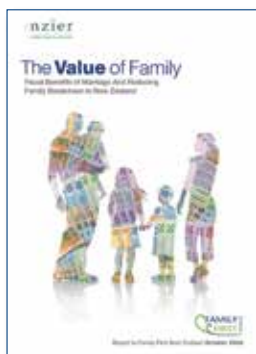
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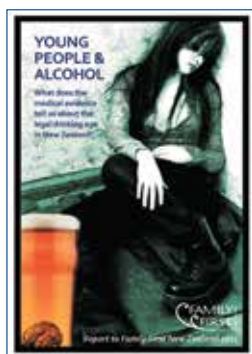
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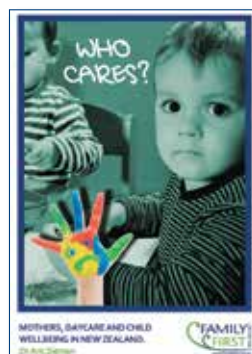
Family Breakdown: 2008



Marriage: 2009



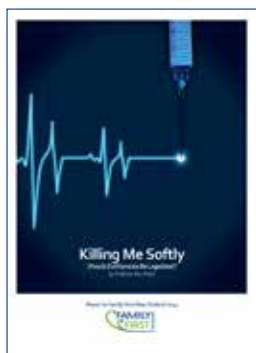
Drinking Age: 2011



Daycare: 2012



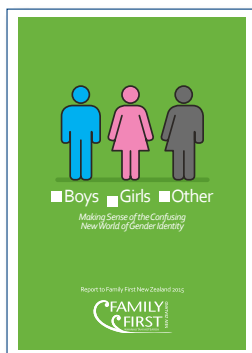
Sex Education: 2013



Euthanasia: 2014



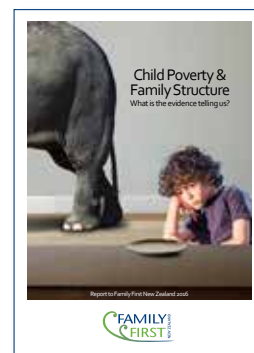
Screentime: 2015



Gender Identity: 2015



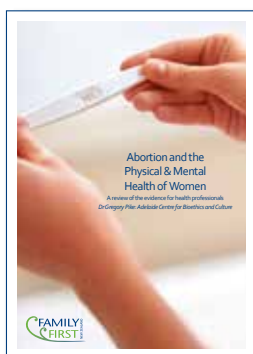
Anti-Smacking Law: 2016



Child Poverty: 2016



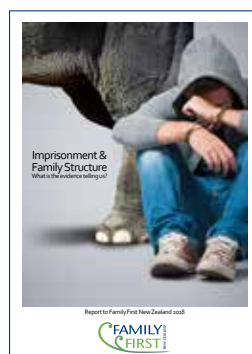
Child Abuse: 2016



Abortion & Health: 2018



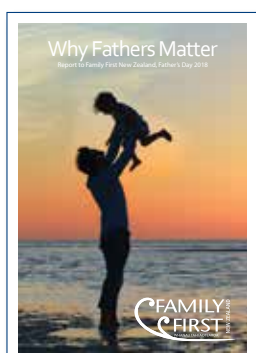
Why Mothers Matter: 2018



Imprisonment: 2018



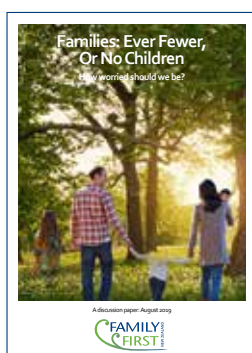
Dinner & Family Life: 2018



Why Fathers Matter: 2018



Children Transitioning: 2018



Fertility: 2019



Parent Guide—Gender: 2019



Anti-Smacking Law: 2020