Safety measures for the use of puberty blockers in young people with gender-related health needs: Consultation summary

April 2025

Introduction

Background

Puberty blockers

Puberty blockers is a term used for medicines that supress the natural production of sex hormones like testosterone and oestrogen. They are known as puberty blockers when used to delay the start of puberty for a young person, in the context of gender-affirming care. Clinicians can prescribe them to young people experiencing gender incongruence or gender dysphoria.[1]

The same medicines are used to treat precocious (very early) puberty in children. In adults, they are used to treat endometriosis, breast and prostate cancers, polycystic ovary syndrome and other conditions.

The Ministry of Health (the Ministry) undertook an evidence review of the safety and long-term impacts of puberty blockers on adolescents with gender dysphoria in 2024. The evidence review found that for young people with gender incongruence and gender dysphoria, there is a lack of high quality evidence for the benefits or risks of using puberty blockers.[2]

Current prescribing of puberty blockers for children and young people in the context of gender-affirming care, is based on the prescriber's professional clinical judgement and guided by the Ministry's Position Statement.[3] The Position Statement sets the expectation that clinicians who initiate puberty blockers should be experienced in providing gender-affirming care and be part of an interprofessional team offering a full range of supports to young people presenting with gender-related issues.

The consultation

In November 2024, Cabinet agreed to the Ministry commencing consultation on whether further safety measures are needed for use of puberty blockers in young people with gender-related health needs.

[1] Gender incongruence is where an individual's experienced gender and their assigned sex (at birth) persistently do not match. Gender dysphoria is where an individual's gender incongruence has an adverse impact on their health and wellbeing.

[2] **https://www.health.govt.nz/publications/impact-of-puberty-blockers-in-gender-dysphoric-adolescents-an-evidence-brief**

[3] **https://www.health.govt.nz/publications/position-statement-on-the-use-of-puberty-blockers-in-gender-affirming-care**

Cabinet asked for this consultation to inform its decisions about whether to regulate to restrict the prescribing of puberty blockers for young people. The Ministry was asked to seek feedback on:

- whether there is a need to create such a regulation and its likely impacts;
- how the proposed regulation is framed to provide clarity of intent and effect;
- the effectiveness of the proposed regulation in minimising impacts and preserving access to these medicines for those groups being considered to need treatment with these medicines;
- which groups of young people with gender-related health needs, if any, should be able to access puberty blocking treatment;
- any implementation, administration or enforcement issues or risks and their prevention or management;
- any potential unintended impacts for people, health practitioners, health service providers, health regulators or others, and their prevention or management.

The Ministry was asked to consult with groups that are representative of those likely to be substantially affected by any further safety measures, identified as:

- gender diverse young people, including rangatahi Māori and Pacific young people;
- families and whānau of gender diverse children and young people;
- medical practitioners and relevant specialist medical practitioners;
- health services providing care for young people with gender-related health needs;
- health regulators.

An opportunity for public submissions was also provided. It was anticipated that many people would submit on the proposal, including parents and families. The consultation opened on 21 November 2024 and closed on 20 January 2025.

Consultation process and engagement

Consultation process

The Ministry conducted the consultation in two parts, through a series of meetings with groups representative of people likely to be affected and by providing an opportunity for public submissions.

Targeted meetings

The Ministry held a series of meetings with organisations and groups representing people likely to be affected by any further safety measures. Targeted meetings were intended to be the primary method for gathering views from people likely to be affected about:

- whether additional safety measures are needed, and if so which measures
- the impacts that could occur as a result of the safety measures being considered.

Meetings were held with the following organisations and groups:

- A group of organisations representing the rainbow and transgender support sector: InsideOUT, NZ Parents and Guardians of Transgender and Gender Diverse Children (NZPOTC), OUTLine NZ, Qtopia, Rainbow Support Collective, RainbowYOUTH, and Te Ngākau Kahukura.
- The Professional Association for Transgender Health Aotearoa (PATHA).
- The Gender Identity External Advisory Group (independent external group providing advice to the Director-General of Health on current issues relating to gender identity services).
- Regulatory Authorities: Medical Council, Psychologists Board, and Psychotherapists Board. (Pharmacy Council and Nursing Council were also invited).
- Medical and nursing colleges: Council of Medical Colleges, Royal New Zealand College of General Practitioners, Royal Australasian College of Physicians, Royal Australian and New Zealand College of Psychiatrists, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, New Zealand College of Public Health Medicine, Royal College of Pathologists of Australasia, Royal Australasian College of Surgeons, Royal

Australasian College of Medical Administrators, and College of Nurses Aotearoa. (New Zealand College of Sexual and Reproductive Health were also invited).

- Professional Societies: Paediatric Society of New Zealand, Pharmaceutical Society of New Zealand, and New Zealand Society of Endocrinology. (New Zealand Psychological Society were also invited).
- Commissioners: Offices of the Children and Young People's Commissioner, the Health and Disability Commissioner, and the Human Rights Commission.
- Other government: Pharmac and Health New Zealand.

The Ministry had planned to hold two moderated webinar-style sessions targeted to young people and their families, and those who provide care to them. These sessions did not proceed in response to concerns raised by stakeholder groups. We explored the possibility of engaging with young people via focus groups facilitated by the Children's Commissioner, but the available timeframes were insufficient to design and deliver sessions that would be appropriate for this population.

Public submissions

An opportunity was provided for public submissions through the Ministry's website, via an online submission form and a dedicated email address for people who wished to make submissions via email. Questions asked in the online submission form are provided in **Appendix one**.

The Ministry received 7103 online submission form responses and 2768 email submissions. In the analysis of submission form responses, 1263 submissions were identified as having been generated by a bot and excluded from analysis, leaving a total of 5840 submissions. No email submissions were excluded from the analysis.

The public consultation provided an opportunity to hear from a broad range of perspectives and was intended to inform the context in which the consultation was occurring.

The public consultation was intended to collect only qualitative data, therefore few statistics are contained throughout this report, with the exception of the following section ('Who engaged') describing people's self-identified interest in the consultation topic.

Who engaged

Through the public consultation we heard from a group of people who would likely be directly affected by further safety measures, including young people with gender-related health needs and their family/whānau. Of the online submission form respondents, 13.0% identified as a young person with gender-related health needs and 19.5% as having a young family/whānau member with these needs. People also identified as friends of young people with gender-related health needs (5.3% of online submission form respondents).

We also heard from health practitioners and other professionals working with young people with gender-related health needs. Of the online submission form respondents, 4.7% identified as a health practitioner who works with young people with gender-related health needs and 7.3% as having a role in an organisation that works with this group of young people.

Beyond these groups, online submission form respondents identified their interest as follows (noting that respondents may belong to more than one category):

- Generally concerned citizens (16.4%)
- Parents (9.2%) and grandparents (5.5%)
- General supporters of the trans and gender diverse community (7.3%)
- Members of the transgender community (4.0%)
- Adults with gender-related health needs (1.9%) or such needs in their youth (1.8%).
- Members of other rainbow communities (2.1%)
- Health practitioners in general (1.7%)
- Academics and researchers (0.9%)
- Teachers and others working with young people in general (2.6%)
- Other (2.0%) or not disclosed (1.1%)

Email submissions were also coded by interest in the consultation topic. A similar range of interests were found; however many respondents (29.5%) did not describe their interest in the consultation topic.

Online submission form respondents were asked to identify whether they live in New Zealand. Almost all respondents reported living in New Zealand, with less than 5% of respondents residing overseas. Some identified as NZ citizens living overseas. Around a quarter of overseas respondents identified as a young person with gender-related health needs or as having a young family/whānau member with these needs. Further overseas submissions were largely from other members or supporters of the transgender and gender-diverse community.

Additional meetings

In response to their requests, we met with two groups known to oppose the use of puberty blocking treatment for young people with gender-related health needs, Genspect and Family First. Insights from these meetings have been considered as part of the public consultation.

Analysis

All online submission form responses were analysed in the Citizen Space platform by coding against a framework based on themes and questions asked. Email submissions were also uploaded to the Citizen Space platform and were analysed with a different coding framework as they were more diverse in content and format.

Structure of this report

This report combines the results from targeted meetings and public submissions. Each section starts with a description of what we heard during targeted meetings, with any further considerations from public submissions captured in a text box below.

As noted above, the public consultation was intended only to collect qualitative data. Each section of this report summarises the most common themes expressed by submitters via the online submission form and by email.

Consultation results

Whether further safeguards are needed

Throughout the consultation, people's views on the need for further safeguards were largely framed in terms of views on access and use of puberty blockers within the gender-affirming care context, the evidence base for their safety and effectiveness, and the safety measures currently in place.

Views on use of puberty blockers in gender-affirming care

All groups that were part of the targeted consultation favoured continued access to puberty blockers for young people with gender-related health needs, where clinically appropriate.

Community groups told us that puberty blockers are an important component of gender-affirming care for trans and gender diverse youth. Medical practitioners told us that puberty blockers are appropriate for some patients in the context of gender-affirming care. They stated there can be significant benefits for transgender patients who receive puberty blockers at an appropriate time, for example potentially reducing the need for extensive and complex surgeries later in life.

Across the meetings, groups generally expressed awareness that there is a lack of high quality evidence regarding the long-term risks and benefits of using puberty blockers in gender-affirming care. However, they supported their use with robust clinical oversight and appropriate measures to ensure informed consent. It was noted there is a lack of alternative treatment options for young people with gender-related health needs to prevent the potentially unwanted physical changes of puberty, which may result in distress to transgender people.

Groups representing rainbow and transgender communities also raised that puberty blockers are not as easy to access as the consultation suggests, with complicated and inconsistent pathways to access across New Zealand. We heard that the lack of access to interprofessional teams in all parts of the country means that the expectations in the Ministry's Position Statement already create barriers to accessing puberty blockers for young people, particularly in rural areas. Medical practitioners also noted there are existing inequities in access to gender-affirming care and puberty blockers, which impacts on patient safety.

There was more diversity in views shared through the public consultation, however the majority of respondents supported continued access to puberty blockers for young people with gender-related health needs.

Of those in favour of maintaining access to puberty blockers, many submissions emphasised the value of puberty blockers for transgender and gender diverse young people. Respondents provided personal accounts of how important access to puberty blocking treatment was for them or a young person with gender-related health needs in their life. Access issues were also a key concern, with respondents highlighting existing barriers that young people with gender-related health needs face to access puberty blockers. Many of these submissions said that access to this care should be expanded rather than restricted.

Another group of respondents were opposed to the use of puberty blockers by young people for gender-affirming care. Of these submissions, many argued that young people should not be given medical treatments if they are experiencing distress relating to their gender identity, but instead supported with psychological care.

Interpretations of the evidence base and the Ministry's review

Consultation responses were often framed in terms of an interpretation of the current evidence base for the effectiveness and safety of puberty blockers in treating gender dysphoria in young people. The Ministry's Evidence Brief found that the evidence on the benefits and risks (or lack of either) of puberty blockers when used to treat gender dysphoria in children and young people is limited.

All those consulted agreed that more research is needed on the benefits and risks of using puberty blockers for young people in gender-affirming care. However, it was noted there are challenges for increasing the evidence base, particularly the development of clinical trials.

Professional groups told us that the need for further safety measures should be an evidence-based decision. Medical practitioners told us that many medicines are prescribed off-label before risks are fully identified, and many have well-established risks. Practitioners undertake risk-benefit analysis and take professional judgements to support the best interests of an individual patient. Professional groups also expressed there is no strong evidence of harm occurring from prescribing of puberty blockers in New Zealand.

Within the medical community there exists a range of views and interpretations of the evidence base for the use of puberty blockers for young people in the context of gender-affirming care. Despite limitations in the evidence, medical practitioners who are experienced in supporting young people with gender-related health needs indicated that puberty blockers are an important treatment option.

Groups representing rainbow and transgender communities raised concerns around the Ministry's evidence review being subject to biases, including discounting available evidence on the wellbeing of transgender people. Groups provided further evidence including studies on the harms of restricting access to puberty blockers in other contexts. These groups expressed that no other area of paediatric medicine is held to such a high standard of evidence.

Public submissions were also often based on people's assessment of the evidence or lack thereof.

Submitters who opposed further safety measures to restrict the use of puberty blockers argued that much evidence exists for their benefits, including rigorous observational studies not included in the Ministry's review. Submitters also noted the Ministry's review did not adequately consider the harms from removing access to puberty blockers, given the lack of alternative treatment options.

Submitters who supported further safety measures had concerns around puberty blockers being an experimental treatment, noting the lack of high quality evidence for their longer term safety.

Current safety measures

The state of current safety checks and measures to control prescribing of puberty blockers for young people with gender-related health needs often informed people's views on the need for further measures.

Throughout the meetings, we heard that there are many existing safety checks for prescribing to ensure adequate professional and ethical standard of care, including gaining informed consent from patients for any treatment. Health professional groups generally considered that the safety measures that apply to the prescribing of other medicines are also adequate for the prescribing of puberty blockers.

Groups representing transgender and gender diverse young people, and their parents, told us that there are many safety checks in place already to ensure that young people and their families are fully informed and aware of potential risks. In their experience, multiple safety checks, including psychological assessments, are required before puberty blockers are prescribed, with parents involved throughout the process. It was noted there are existing guidelines from the Professional Association for Transgender Health Aotearoa (PATHA), set out by trans healthcare specialists, which support medical professionals to give high quality care around puberty blockers.

Medical colleges emphasised that current prescribing is cautious and puberty blocking treatment would only be only considered for a small minority of young people. Medical regulators noted that the Position Statement, while unbinding, provides a clearer standard for regulating medical practitioners' conduct, while Health NZ guidelines are anticipated to provide further clarity around practice standards.

Public submissions also spoke to current safety measures. Many respondents indicated that puberty blocker prescribing for gender-affirming care should continue as it is now: up to the prescriber's clinical judgement and guided by the Position Statement. These submissions often

indicated that the current process is thorough, with adequate safety checks. Some respondents provided personal accounts of the rigorous process they, or a family member, went through to ensure informed consent before initiating puberty blocking treatment for gender identity-related reasons.

Another group of respondents were concerned that current safety measures do not provide an adequate level of protection. Some submissions indicated that puberty blockers present a risk so significant that young people and families should not be allowed to consent to this treatment. Concerns were also raised about the quality of the current guidelines for gender-affirming healthcare.

Strengthening current measures

We heard in meetings there may be opportunities to strengthen current safeguards with additional data collection and monitoring, professional training and guidance, and strengthening interprofessional teams.

Professional groups supported increased data collection and monitoring of prescribing practices, as well as more long-term follow-up of patients receiving puberty blockers. There was also support from colleges and professional societies for a New Zealand-oriented training module on gender-affirming care to support clinicians that wish to provide this care.

Many groups told us there should be a strengthening of interprofessional clinical teams to ensure safe pathways for access to gender-affirming health care, including puberty blockers, throughout New Zealand. Colleges and professional societies asked that appropriate resource is provided for interprofessional teams to provide holistic care including mental health support and specialist input. It was noted that the approach taken in the United Kingdom coupled restricted access to puberty blockers with investment in gender services for young people.

A small number of respondents indicated that the prescribing of puberty blockers for gender-affirming care should be "continued as it is now but with more safety checks and monitoring". These respondents often suggested there is a need for more robust clinical guidelines, increased patient follow-up, monitoring and data collection, or other checks to ensure informed consent.

If a regulation were to be made

Views on restricting prescribing of puberty blockers by regulation

Across the targeted meetings, consulted groups expressed the view that there is not a clear rationale to restrict prescribing of puberty blockers in the context of gender-affirming care through regulation.

Various groups raised that regulation would be out of step with the approach taken to ensure the appropriate use of medicines in other clinical areas. We heard it is common for there to be a lack of evidence for prescribing medicines for specific indications, but this is managed through professional standards and informed consent processes. We also heard concerns that regulation in this instance would set a dangerous precedent for the government to make decisions on specific medicines that may be prescribed, that could be replicated in other areas of medicine.

People generally told us the regulatory proposal was unclear, and this made it difficult to provide feedback on potential impacts and design. It was raised that it was unclear whether regulations would aim to reduce medical risks or to stop poor prescribing practices.

Submitters who opposed further regulations to restrict prescribing of puberty blockers did not support this approach for reasons including current access issues, patient need, limited evidence of actual harm, and expected harms from removing access. These submitters argued that puberty blockers should be treated like all other medicines with risks and benefits, and doctors should be enabled to make prescribing decisions in their patient's best interests.

Other submitters supported a regulation to restrict prescribing of puberty blockers, often on the basis that there is a lack of high-quality evidence to support use for this purpose. Of these submitters, some supported an immediate ban to stop prescribing puberty blockers for gender-affirming care, while others supported restricting access with increased psychological assessment and monitoring of patients.

Potential impacts of restricting prescribing of puberty blockers by regulation

Through targeted meetings, we heard that, although the number of patients affected may be small, there are likely to be significant impacts for young people seeking access to puberty blockers and those people supporting them.

Impacts on young people with gender-related health needs and their family and whānau

Throughout the meetings, many groups told us there may be increased harm for young people who wish to access puberty blockers as part of their gender-affirming care and are unable to due

to restrictions that may be put in place. We heard that transgender and gender diverse young people already face poorer mental health and wellbeing outcomes in New Zealand, and that any additional restrictions could exacerbate difficulties.

Rainbow and transgender community groups said that any further restrictions on access to puberty blockers would lead to an increase in the rates of psychological distress, mental health issues, self-harm, and suicide. Groups representing transgender and gender diverse young people, and their parents, emphasised how these concerns deeply affect families, to the extent that parents may move their family overseas to access puberty blocking treatment.

Medical practitioners and providers also emphasised the vulnerability of this population group and asked that, if a regulation is progressed, there should be specific monitoring for harms experienced by young people who are impacted, including any increased incidence of self-harm.

We also heard that young people may also experience harms from accessing puberty blocking medicines online without a prescription, which may be counterfeit, or turning to harmful alternative approaches to delay their puberty without clinical oversight.

Within the public submissions, many responses to the impact of restricting access to puberty blockers focused on potential harms to young people who would not be able to access these medicines.

Many of these submissions indicated that restricting use of puberty blockers by regulation would lead to an increase in psychological distress and adverse mental health impacts for those who might subsequently lose access to this treatment. Submitters referred specifically to an increase in anxiety and depression, as well as more generally to an increase in feelings such as hopelessness, shame, and disempowerment among gender diverse youth.

Many of these submissions emphasised that restrictions would result in an increase in rates of self-harm and suicide. Within these submissions, puberty blockers were often framed as lifesaving treatments.

Submitters also raised concerns that restricting the use of puberty blockers for gender diverse youth would result in a lack of appropriate care. This was expressed as a healthcare issue, with submitters saying that other paediatric medicines were not being held to the same standard as puberty blockers. Submitters also said that restricting puberty blockers would result in young people obtaining medicines from other sources, such as black or grey markets.

Submitters noted the impact restrictions would have on family and caregivers. Key concerns included stress caused by having to navigate complex regulations for their children's care and anxiety around their (in)ability to help them.

Submitters raised that restricting access to puberty blockers would cause harm to the transgender community as a whole. These submissions spoke to concerns about increasing stigma around gender and gender-affirming care, or the precedent that regulations could set for further restricting gender-affirming care in future.

Among submitters who supported further regulatory restrictions on the use of puberty blockers for gender-affirming care, many expressed the view that restrictions would protect children from harm. This included stopping children from making long-term decisions based on outside influences or trends and protecting them from health risks associated with the use of puberty blockers. Submitters also suggested that restricting the use of puberty blockers would enable gender diverse youth to be redirected towards psychological support.

Potential rights implications

Through targeted meetings we heard that further regulations on use of puberty blockers in the context of gender-affirming care may impact on children and young people's specific rights under the United Nations Convention on the Rights of the Child, particularly the right to the best attainable standard of health, including access to healthcare services. The Children's Commission raised that regulations could restrict the legitimate access of some children to the gender-affirming health care they need to experience their holistic rights including to health.

We also heard that further regulations on use of puberty blockers in the context of gender-affirming care would be unfairly targeted towards transgender young people. Under the Human Rights Act 1993 it is unlawful to discriminate against someone because of their sexual orientation or sex, including their gender identity, gender expression, or sex characteristics. Groups representing rainbow and transgender communities expressed that restricting prescribing for transgender young people, and not cisgender young people, would amount to sex-based discrimination. The Human Rights Commission also noted that restricting access to puberty blockers could constitute differential treatment of trans- and cisgender young people.

The Human Rights Commission raised that the proposal may impact on patient self-determination and the right to informed consent under the Code of Health and Disability Services Consumers' Rights.

Also emerging from public submissions was the view that it would be discriminatory to introduce regulations which only restrict access to puberty blockers for young people with gender-related health needs, when the same medication is used for other indications. This was sometimes expressed as unfairly targeting transgender and gender-diverse young people's ability to access a medicine that is available to cisgender young people. Submissions emphasised that restricting the use of puberty blockers for young people with gender-related health needs would be to deny healthcare to a vulnerable group of people.

Further impacts on health practitioners

While they did not think additional safeguards are needed at this stage, medical regulators told us that, for some practitioners who are wary of complaints, increased certainty and protections for prescribers would be positive for them.

We heard the concern that any targeted restrictions may lead to increased negative attention and harassment of clinicians who provide gender-affirming care. Clinicians already take measures to protect the privacy and safety of their teams, and increased attention and disruption may prevent clinicians from providing this care, further decreasing access.

Further potential impacts raised in public submissions included the strain that restricting puberty blockers would place on the healthcare system. This encompassed the cost of undergoing gender-affirming surgery in adulthood if people were not able to delay puberty, as well as the increased pressure on mental health services that restricting puberty blockers would create.

Health practitioners noted that additional restrictions would negatively impact on their professional autonomy and interfere with the patient-health practitioner relationship. However, other health practitioners held the view that restrictions would provide a safety net for clinicians, lessening the pressure for them to prescribe puberty blockers and allowing for a slower and more robust prescribing process.

Regulatory design considerations

Prescribing puberty blockers for young people in the context of gender-affirming care

Professional groups generally opposed further regulations to limit the prescribing of puberty blockers to certain medical specialties. We heard there is currently a small group of practitioners who provide this care in New Zealand, including specialists and GPs connected to interprofessional teams. We heard there are risks of unintended consequences such as workarounds and creating additional barriers for young people and their families to receive patient-centred care. Groups also expressed that the cost of any regulatory requirements, for patients and the health system, should be considered.

Medical practitioners raised that being able to prescribe puberty blockers does not mean a practitioner will prescribe; they will apply professional judgement within their scope of practice as with all prescribing decisions. There was some support among medical practitioners for an optional training module or micro qualification, however we heard that this would need to be well resourced and supported by professions.

Of those in favour of maintaining access to puberty blockers, many respondents indicated that any qualified medical practitioner should be able to prescribe puberty blockers for gender-affirming care. Some expressed concerns that limiting prescribing to certain clinicians would negatively impact equitable access and increase the strain on current services. Those expressing this view often referred to the already long wait times to access puberty blockers and other barriers to access.

Among submitters who supported further regulatory restrictions on the use of puberty blockers for gender-affirming care, many said no prescribers should be able to prescribe puberty blockers in this context. Another group said that only highly experienced specialists should be able to prescribe puberty blockers in this context.

Other recurring responses to this question included that a multi-disciplinary team of prescribers should be standard practice and that current prescribers should be maintained.

Patient groups

Through the targeted meetings we heard there would be practical and ethical issues associated with limiting prescribing of puberty blockers to certain groups of patients in the context of gender-affirming care. Where restrictions based on age were discussed (for example limiting access to patients over 18 years only), medical practitioners said that this would not be practicable as puberty blockers are used in the early stages of puberty.

Restrictions based on indication (i.e., for gender dysphoria or gender incongruence) may also be problematic as patients may have other medical conditions. Medical practitioners told us that, as well as for precocious puberty, young people with variations of sex characteristics (intersex) may also be prescribed puberty blockers.

Community groups expressed that all young people in New Zealand who have gender-related health needs, regardless of where they live, should be able to access puberty blockers, if clinically indicated.

Across all meetings, there was consensus that any young person who is already receiving puberty blockers in gender-affirming care should be able to continue their care, and that removing treatment without patient consent would be disproportionate and likely harmful.

Considering participants in approved clinical trials, many groups raised concerns about the inappropriateness of consulting on clinical trials as an option for access to care. We heard that restricting access to a clinical trial may be unethical due to participation being coerced. We also heard that it may not be feasible to develop a clinical trial, due to ethical and methodological issues.

Among submitters who did not support further regulatory restrictions, a common view was that anyone who has a clinical need for puberty blockers should be able to access them.

Among submitters supporting further regulatory restrictions, some indicated that a minimum age requirement for prescribing should be set, while others held that no young person should be able to receive puberty blockers for gender-affirming care.

Overall, a majority of submitters supported continued access for any young person already receiving puberty blockers for gender dysphoria. A small number of these submitters suggested that young people already receiving puberty blocking for gender-affirming care should be reassessed to ensure the appropriateness of this treatment and their understanding of the potential risks.

Overall, a majority of submitters supported access to puberty blockers for young people with gender dysphoria in the context of an approved clinical trial. However, many respondents raised concerns that restricting access to participants in clinical trials would be unethical or would make access to treatment unfair.

Other considerations

Some submitters added that if regulations are to be developed, they should be designed with input from clinicians working in transgender healthcare, and/or trans-led community organisations. Other views on regulatory design included calls for engagement with those affected and an emphasis on upholding the rights of children and gender diverse individuals. We heard that any next steps should include consideration of the mental health impacts of any further safety measures.

Amongst both those supporting and opposing regulation, submitters often expressed a desire for more research and data collection to guide approaches which centre the safety and wellbeing of young people.

Other matters raised through the consultation

The consultation process

Through targeted meetings, groups representing rainbow and transgender communities told us that it was inappropriate to open this consultation to the public, many of whom have no direct experience of supporting transgender young people. Concerns were raised around the negative consequences of publicity about this issue, including undue scrutiny and politicisation of gender-affirming healthcare. We heard that the public consultation may fuel anti-rainbow and anti-trans sentiment and increase the exclusion and victimisation that many young people already experience, leading to an increase in distress and decrease in help-seeking behaviour.

We also heard concerns about the consultation period being too short and coinciding with the Christmas break, and around there being a lack of direct engagement with children and young people in the consultation. The Children's Commissioner encouraged the Ministry to extend the consultation timeline to enable a partnered way of working with the key youth-focused rainbow organisations to reach youth in a safe and ethical way. (See above section on 'Targeted meetings' process on page 5).

The public consultation reflected some of these concerns. Among submitters who did not support further safety measures, submitters raised that this should not have been a topic of public consultation. It was also emphasised that puberty blocker prescribing is a medical issue, rather than a political one, and therefore should be decided by medical experts.

Appendix one: Online submission form questions

About you

1. What is your main interest in the consultation topic?

(Required) *Select one*

- ☐ I am a young person with gender-related health needs
- ☐ I have a young family/whānau member with gender-related health needs
- ☐ I am a health practitioner who works with young people with gender-related health needs
- ☐ I have a role in an organisation that works with young people with gender-related health needs
- ☐ Other (please describe):

2. Do you live in New Zealand?

(Required) *Select one*

- ☐ Yes
- ☐ No

3. Publishing submissions

We may publish information provided in submissions from this consultation, but we will only publish content from your submission if you give permission. We are not asking for names or other personal details but if you do provide personal details, we will remove these before publishing any content. If you do not want your submission published, please let us know below.

(Required) *Select one*

- ☐ You may publish this submission
- ☐ Do not publish this submission

4. Official Information Act responses

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please let us know below.

(Required) *Select one*

- ☐ Include my personal details in responses to Official Information Act requests
- ☐ Remove my personal details from responses to Official Information Act requests

Safe use of puberty blockers

The Ministry of Health is considering whether further measures need to be put in place to restrict prescribing of puberty blockers in the context of gender-affirming care. This includes the option to

make regulations that could legally restrict prescribing of these medicines, such as a regulation made under the Medicines Act.

5. In your view, how should puberty blockers be prescribed for gender-affirming care in New Zealand? *Select one*

- ☐ Continued as it is now (up to the prescriber's clinical judgement, guided by the Position Statement)
- ☐ Continued as it is now but with more safety checks and monitoring
- ☐ Restricted by regulations
- ☐ Other or unsure

Please explain your answer or add additional thoughts:

6. Who do you think should be able to start patients on treatment with puberty blockers? Only medical practitioners who are experienced and working in a team that provides gender-affirming care?

- ☐ Yes
- ☐ No
- ☐ Unsure

Paediatricians?

- ☐ Yes
- ☐ No
- ☐ Unsure

Psychiatrists?

- ☐ Yes
- ☐ No
- ☐ Unsure

General practitioners?

- ☐ Yes
- ☐ No
- ☐ Unsure

Other hospital specialist (eg, gynaecologist, endocrinologist)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Other prescribers?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your answer or add additional thoughts:

7. Which young people should be able to receive treatment with puberty blockers for gender dysphoria?

Those who are already receiving treatment?

- ☐ Yes
- ☐ No
- ☐ Unsure

Participants in an approved clinical trial?

- ☐ Yes
- ☐ No
- ☐ Unsure

Any other groups?

- ☐ Yes
- ☐ No
- ☐ Unsure

Please explain your answer or add additional thoughts:

8. If prescribing of puberty blockers is restricted by regulation, how might this affect you and/or the people that you represent?

9. Do you have any further views on how any regulation should be designed?