

Q YOUTH PRESS RELEASE

Q-Youth is one of many organisations expressing deep concern about the government's recent decision to restrict access to puberty blockers. Q-Youth is a for-youth, by-youth charitable organisation dedicated to providing support, advocacy, and education for queer and transgender youth, their friends, whānau, and the wider community. Our mission is to help make the Nelson/Tasman region a safe and supportive place for all LGBTQIA+ young people.

Despite specialist clinical advice, the government has moved to limit the use of puberty blockers for transgender youth. This decision prevents medical professionals from following established best practice in gender-affirming healthcare.

These restrictions will have significant negative impacts on rainbow rangatahi across Te Tau Ihu and Aotearoa. We are already seeing the distress and uncertainty this is causing among the young people who access our services, and we anticipate these impacts will grow the longer the restrictions remain in place. We believe this decision represents a concerning overreach that undermines young people's rights to appropriate healthcare.

Puberty blockers are a safe, reversible treatment that temporarily pauses puberty. They are used in a range of clinical situations, including giving transgender young people time and space to consider whether gender-affirming hormone therapy is the right path for them. This is a targeted ban as these medications have only been banned for their use in gender affirming care and not in their other medically approved uses. There is a consistent and growing international evidence base demonstrating the benefits of puberty blockers for the psychological wellbeing of young people who receive them as part of gender-affirming care.

As the Human Rights Commissioner's spokesperson for Rainbow Rights stated, *"This ban denies access to essential healthcare for many trans youth. It is a clear breach of their human rights and will cause unnecessary harm and distress to vulnerable young people."*

If you are a rainbow young person or a member of their whānau seeking support, please reach out through our website qyouthnz.com, send a message to us via [facebook](#) or [instagram](#) or contact Enby at community.q.youth@gmail.com.

BACKGROUND FOR THE BAN ON PUBERTY BLOCKERS

Puberty blockers were developed in the 1980s for use in very young children with precocious (early) puberty. In the 1990s doctors began to use them in the clinical care of transgender children. Over time, more and more studies recorded positive outcomes for transgender patients receiving puberty blockers, adding to a growing evidence base that supports the continued use and monitoring of this treatment for transgender children.

More recently there has been a rise in transphobic rhetoric which has begun to reach government-level decision making. There has been increased scrutiny of all things related to transgender health, including the use of puberty blockers in transgender children.

This write-up provides a timeline of the decisions that the government has made regarding puberty blockers and the sources of information they used to make this decision. *This timeline was summarised from updates provided by Professional Association for Transgender Health Aotearoa (PATHA) at <https://patha.nz/news>*

April 2024: The Independent Review of Gender Identity Services for Children and Young People was published in the UK

More commonly known as the Cass Review, this was a controversial report which informed England's approach to providing gender affirming care. The review had a number of methodological flaws and has been widely condemned by experts around the world, including the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the American Academy of Pediatrics. Many studies, such as *Noone et al, 2025* have provided comprehensive criticisms of the review.

November 2024: The Ministry of Health released an evidence brief reviewing the use of puberty blockers in gender affirming care

This brief found evidence that puberty blockers had positive effects on mental health outcomes such as anxiety, depression, and suicide ideation. It found very limited or inconclusive evidence of harm associated with puberty blockers.

December 2024: The government opens public consultation on puberty blockers

PATHA leaders questioned the government's decision to open this consultation to the public, highlighting the inappropriateness of involving the public in a medical decision for a vulnerable minority group.

May 2025: A number of professional organisations called for the government to release the updated Clinical Guidelines for Gender Affirming Care in Aotearoa New Zealand

These guidelines included internationally recognised criteria for prescribing puberty blockers to people under the age of 18, and were aligned with the World Professional Association for Transgender Health Standards of Care.

The guidelines were due for release in March 2025, but they were ultimately withheld from publication by the government. In May, PATHA filed an Official Information Act (OIA) Request to have them released but this request was declined until November 2025.

November 2025: The government announced its decision to ban puberty blockers for transgender children

Alongside this decision, an amended version of the guidelines was released which had removed all information about initiating puberty blockers. PATHA has withdrawn their name from this publication, and instead chosen to publish the original version of the guidelines themselves.

December 2025: PATHA files urgent legal action to stop the ban

The ban is scheduled to start from December 19th. On December 1st, PATHA filed an application for an urgent injunction to prevent the ban. The High Court has ruled that the ban is not to be enforced until the judicial review has concluded.

WHAT CAN I DO ABOUT THE BAN

1. PATHA has filed urgent legal action against the government - scan this QR code or use the link below to donate to them.



<https://patha.nz/donate>

2. Urge your local MP to commit to repealing the ban.

Nelson's MP is Rachel Boyack. Email her at Rachel.boyack@parliament.govt.nz

3. RainbowYOUTH has created a fundraiser to cover the costs of accessing gender-affirming healthcare, such as puberty blockers, through alternative pathways. Scan this QR code or use the link below to donate to them.



<https://givealittle.co.nz/cause/we-got-you-fundraiser>

4. Get your opinion out there. Post on social media, write on your blog, send a letter to the editor of a newspaper. Let them know what you think about the ban. Gender Minorities Aotearoa has a guide for writing letters to the editor. Scan the QR code or use the link below to find out more.



<https://genderminorities.com/2021/08/30/letter-to-the-editor/>

Our suggestions for what you could write include:

1. Puberty blockers are safe and reversible treatments that are life-saving in young transgender people.
2. Healthcare professionals should be the ones to decide whether a medication is safe to prescribe, not politicians.
3. The ban is a serious infringement of human rights and medical autonomy and breaches both international obligations and the government's obligations under Te Tiriti o Waitangi.

5. Donate to another charity that supports trans youth

- **Q Youth** provides support for queer and transgender youth in the Nelson region and across Te Tau Ihu (Top of the South)
- **Nelson Pride** organises social events to connect rainbow people in the Nelson region
- **Gender Minorities Aotearoa** provides nationwide information, support and advocacy to transgender people of all ages
- **Rainbow Youth** provides nationwide information, support and advocacy to transgender youth

6. Support the transgender, nonbinary and takatāpui people in your life.

FREQUENTLY ASKED QUESTIONS

Why do we use puberty blockers?

Puberty blockers are a safe, reversible treatment that temporarily pauses puberty. They are used in a range of clinical situations, including giving young transgender people time and space to consider whether gender-affirming hormone therapy is the right path for them.

Many studies show that puberty blockers improve the mental health and wellbeing of young transgender people, lowering depression and suicidal ideation in addition to increasing quality of life.¹⁻⁵

For more information about why we use puberty blockers, please scan the QR code or click the link below.



https://www.projectvillageaotearoa.com/_files/ugd/6232d2_d396dfb50554c8d911cbda589fdd727.pdf

Are puberty blockers safe?

Puberty blockers are safely used for a variety of health conditions in young people. The expected side-effects of this medication are the same for all conditions, yet the government has only banned the use of puberty blockers for young transgender people.

Normally it is up to the young person and their family, with the support of a qualified health professional, to decide whether the side effects are acceptable for them or not.

There is also very little evidence that puberty blockers cause significant harm.⁶ They are completely reversible, and once a young person stops taking the medication, puberty resumes as it would have done without them.

Furthermore, withholding puberty blockers from young transgender people has its own risks. Many studies show that puberty blockers improve their mental health and wellbeing, lower depression and suicidal ideation and increase their quality of life.¹⁻⁵

Are kids being rushed onto unnecessary medication?

No. The World Professional Association for Transgender Health (WPATH) Standards of Care have rigorous criteria for clinicians to consider before prescribing puberty blockers, including ensuring gender dysphoria is sustained over a long period of time, the young person demonstrates they are able to provide informed consent and the young person has reached a certain milestone in their physical development (called Tanner Stage 2).⁷

If they change their mind they can stop taking puberty blockers. Unlike puberty, puberty blockers are completely reversible.

Are puberty blockers unnatural?

Puberty blockers are unnatural in the same way antidepressants, ibuprofen and sunscreen are. Things that we view as natural harm us all the time, and we have no problem using unnatural treatments to improve our wellbeing in other ways.

Puberty naturally begins at different times in different people. Puberty blockers are only prescribed for a short amount of time, and even when a young transgender person has to start puberty later, a delayed puberty is still better for their wellbeing than going through the wrong puberty first.

Why can't we just wait until the UK trial is finished?

Limitations in evidence quality should NOT be used to prevent young people from accessing healthcare.

Banning access to puberty blockers for young transgender people until after the UK trial is finished (which will not be until at least 2031) is likely to have a significant negative impact for the young people seeking treatment before then. Research following the 2024 ban on puberty blockers in the UK shows that children are already suffering serious mental health consequences, including increased depression, social isolation, anxiety, stress, self-harm, school avoidance and suicide ideation.⁸

Why was the Cass review so controversial?

There are a number of very comprehensive critiques of the Cass review online.⁹⁻¹² Some of the criticisms include the fact that no transgender people or clinicians with experience in gender-affirming healthcare were involved in the decision-making process, the lack of transparency in the development of the review, the number of weak, unfounded, or heavily disproven claims, and the double standard in the way the review treated evidence that disagreed with its recommendations compared to the evidence that agreed.

One of the Cass review's recommendations was that young transgender people should only be given access to puberty blockers if they were enrolled in a clinical trial. According to a declaration by the World Medical Association, "participation by individuals capable of giving informed consent in medical research must be voluntary".¹³ Participation cannot be voluntary if it's the only way you can access the medication you require.

There are a number of methodological¹⁴ and ethical¹³ concerns about performing clinical trials on children, including the risks involved when denying care for a large number of the participants. When there is already evidence that a medical practice has a positive impact on a child's wellbeing, it is very hard to ethically justify running a trial in which one randomly-selected group of children is given that treatment whilst the other is denied it.

Shouldn't we just listen to the government?

The government's decision to ban puberty blockers for young transgender people has broader implications for healthcare. The Ministry of Health's evidence review does not recommend a ban on puberty blockers for young transgender people, and dozens of professional and medical organisations have submitted against or opposed the ban. Despite this, the government has placed itself above subject-matter experts and turned a clinical decision into a political one. Healthcare professionals should be the ones to decide whether a medication is safe to prescribe, not politicians.

The New Zealand Human Rights Commission wrote that this ban "represents a serious infringement on human rights and medical autonomy". The decision breaches both international obligations and the government's obligations under Te Tiriti o Waitangi.¹⁵

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PROFESSIONAL ORGANISATIONS WHO OPPOSED THE BAN

Aotearoa New Zealand Association of Social Workers ¹
Ara Taihoi (Peak Body for Youth Development) ¹
Association of Psychotherapists Aotearoa New Zealand (APANZ) ²
Association of Salaried Medical Specialists (ASMS) ³
Auckland Sexual Health Service ¹
Australian Professional Association for Trans Health (AusPATH) ^{1,4}
College of Child and Youth Nurses ¹
New Zealand College of Clinical Psychologists ¹
New Zealand College of Public Health Medicine ⁵
New Zealand Medical Students' Association ¹
New Zealand Nurses Organisation (NZNO) ⁶
New Zealand Psychological Society ¹
New Zealand Sexual Health Society ¹
New Zealand Society of Endocrinology (NZSE) ^{1,7}
Paediatric Society of NZ | Te Kāhui Mātai Arotamariki o Aotearoa ^{1,8}
Professional Association for Transgender Health Aotearoa (PATHA) ^{1,9}
Professional Association for Trans Health Ireland (PATHI) ¹⁰
Professional Association for Transgender Health South Africa (PATHSA) ¹¹
Royal Australasian College of Physicians (RACP) ¹²
Royal Australian and New Zealand College of Psychiatrists (RANZCP) ¹³
Sexual Wellbeing Aotearoa (formerly Family Planning) ¹⁴
Society of Youth Health Professionals Aotearoa ¹
Te Ora: Māori Medical Practitioners ¹⁵
Te Kāhui Korowai Rangatahi – Youth Health Aotearoa ¹⁶
Te Kāhui Tika Tangata Human Rights Commission ¹⁷
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) ¹⁸
The World Professional Association for Transgender Health (WPATH) ¹⁹

Burnett Foundation Aotearoa ²⁰

InsideOUT Kōaro ²⁰

Gender Dynamix ²¹

Gender Minorities Aotearoa ²⁰

Intersex Aotearoa ²⁰

OutLine Aotearoa ²⁰

Qtopia ²⁰

Q Youth ²²

Rainbow Hub Waikato ²⁰

RainbowYOUTH ²⁰

Te Ngākau Kahukura ²⁰

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