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By email: [REDACTED]
Ref: [REDACTED]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 1 December 2024 regarding the Ministry's puberty blocker evidence brief and position statement. You wrote:

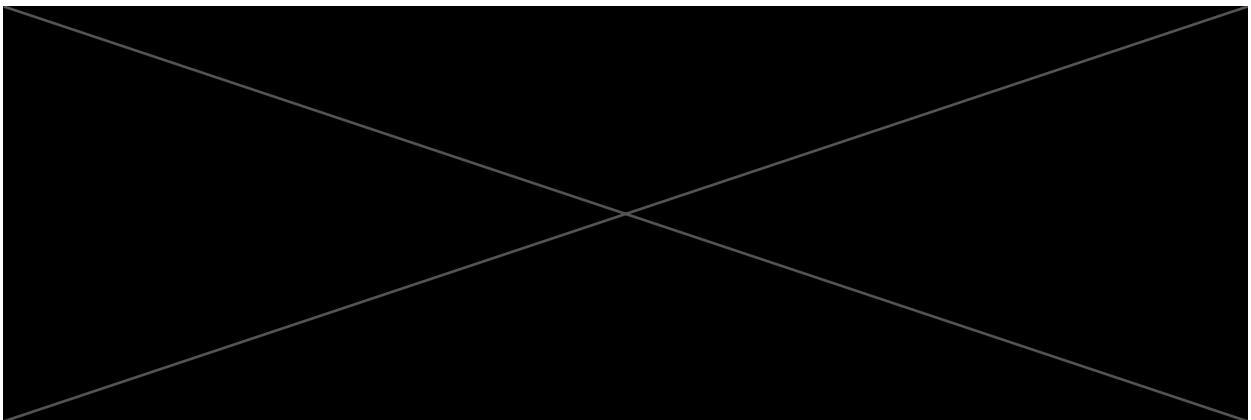
*The puberty blockers position statement contains the statement (my emphasis)
"A preliminary review of prescribing data shows a steady increase in the number of young people aged 12 to 17 receiving first-time prescriptions of GnRH agonists between 2010 and 2023. Other countries have observed a similar increase in prescribing of puberty blockers although due the quality of the data, meaningful direct comparison of prescribing rates is not possible." Dr Joe Bourne repeated this latter emphasised point in his interview on The Platform last week.*

I have three OIA requests related to this statement.

*First, I request a) all drafts and discussion of the position statement and b) drafts and discussion of the Ministry's comms plan for the evidence brief and position statement. In the appendix of this email I include extracts from draft responses written by Cedric Horner of MOH in May and in response to queries by Stuff journalist Glenn McConnell. These emails were released to me in OIA request reference H2024045570. These emails have a similarly worded statement. However, at this point in time the line is (my emphasis)
"A detailed comparison with other countries is not possible due to variability in data collection methods.". Another draft email has the line "Given the age group, it is likely that most if not all of these prescriptions were to support gender-affirming care.–i.e. delay the onset of puberty." Another draft has "We are working to better understand the limitations of the data, for instance the figures could include people who may have been prescribed the medicines for other reasons such as a continuation of treatment for precocious puberty, or for cancer or other conditions".*

Clearly then, there has been some discussion on the the degree to which GnRHa dispensings initiated for the first time in each year for the 12-17 age group represent prescribing for gender dysphoria. However there may be some confusion as numbers in this age group for first time treatments (incidence) will of course exclude continuation from younger age groups and this is not a limitation of the incidence data.





Finally, I request any communications that discuss the implications, or programmes of work initiated from the possible findings of a substantial rise in GnRHa first-time prescribings in the 12-17 age group for conditions other than gender dysphoria, such as precocious puberty, cancers, or endocrine disorders; and efforts the Ministry is taking to establish data that does in the Ministry's view allow a more meaningful comparison with other countries.

On 10 December 2024, the Ministry contacted you in accordance with section 18B to of the Act, as your request was for a large volume of information and may be refused under section 18(f) as it could not be made available without substantial collation or research. You were asked to refine your request to official advice only, such as briefings and aide memoires. We also requested you to exclude email correspondence. As some documents were ongoing drafts, we suggested you refine to the last 2 substantial draft versions. The next day you agreed to refine to the below:

Yes, I am happy with this refinement with the caveat that I would like emails that include discussions of the GnRha / puberty blocker Pharmac dispensing/prescribing data. Its possible that a keyword search could narrow this down sufficiently.

Attached as Appendix 1, please find emails including discussions of the GnRha / puberty blocker Pharmac dispensing/prescribing data.

The table in Appendix 1 also outlines the grounds under which we have decided to withhold information. We have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

Please note for document 3, titled *PB evidence brief, key statistics and overview*, the list of chemicals was refined from another initial list (see attachment 3A). The actual age range used to inform initial advice was also refines to 10-19 – as per the Graph in 3A. Please note when considering this data:

- There were significant caveats on the data quality as it is based on funding data, as such the reason for prescription is not specifically known.
- Data from “*Count of people receiving.... To Data is provisional*”, has not undergone full quality assurance.

Furthermore, as stated in the Ministry’s Position Statement, the Ministry is committed to improve data collection and monitoring of prescribing. You can read this here:
www.health.govt.nz/publications/position-statement-on-the-use-of-puberty-blockers-in-gender-affirming-care.

- a) all drafts and discussion of the position statement and
- b) drafts and discussion of the Ministry's comms plan for the evidence brief and position statement.

As per your refined request, please find attached the two latest substantial versions of the Ministry's position statement and communications plans listed in Appendix 2.

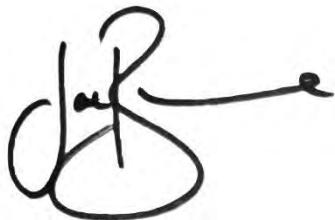
One document has been identified within scope of the third part of your request. Please refer to Appendix 3 of this letter.

We trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Dr Joe Bourne
Chief Medical Officer
Clinical, Community and Mental Health



Steve Barnes
Associate Deputy Director-General
Strategy, Policy and Legislation

Appendix 1: List of documents for release for part 1: Emails that include discussions of the GnRHa / puberty blocker Pharmac dispensing/prescribing data.

#	Date	Document details	Decision on release
1	5 – 22 February 2024	RE: FOR ENDORSEMENT - media release on Puberty blocker Evidence Brief	Released in full. Attachment: Key Statistics.
2	21 February 2024	PB evidence brief, key statistics and overview	Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons and some information deemed out of scope of your request. Attachments: <ol style="list-style-type: none"> 1. Key statistics: please refer to document above. 2. Final evidence brief is publicly available at: www.health.govt.nz/system/files/2024-11/Impact-of-Puberty-Blockers-in-Gender-Dysphoric-Adolescents-evidence-brief.pdf as such this part of your request is refused under section 18(d) of the Act.
3	22 February 2024	Puberty blocker statistics	Released with some information withheld under section 9(2)(a) of the Act. Attachment: Key Statistics: please refer to document above.
3A	26 February 2024	Refined spreadsheet: Puberty Blockers by age_ethnicity_AShirtcliffe_Gosereelin&Leuprorelin_26.02.2024	Released with some information withheld under section 9(2)(a) of the Act.
4	30 April 2024	Excerpt from AM H2024040460 Puberty Blockers Evidence Brief: Next steps post release.	Released with some information withheld under the following sections of the Act: <ul style="list-style-type: none"> • 9(2)(a) and • 16(1)(e) by giving an excerpt or summary of the contents
5	9 May 2024	RE PB and gender identity services work program update	Some information deemed out of scope of your request.

#	Date	Document details	Decision on release
			<p>Attachments:</p> <ol style="list-style-type: none"> 1. 240509 - DG Update - Puberty Blockers and Gender Identity Services 2. memo independent advisory group (Memo: Options to establish an external advisory group – gender identity services (out of scope of your request)

Appendix 2: Last two substantive drafts of the Ministry's position statement and communications plan.

#	Date	Document details	Decision on release
1	10 April 2024	Position statement draft	Released in full.
2	22 April 2024	Position statement draft	
3	11 June 2024	Communications approach draft	
4	November 2024	Communications approach draft	<p>Some information released with the following sections under the Act:</p> <ul style="list-style-type: none"> • 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency; and • 9(2)(g)(ii) of the Act, to protect Ministers, members of organisations, officers, and employees from improper pressure or harassment.

Appendix 3: Extract from Cabinet paper. Safe-guarding the use of puberty blockers in young people with gender-related health needs: Appendix 2 – Regulatory Impact Statement.

#	Date	Document details	Decision on release
1	9 October 2024	Extract from Cabinet paper. Safe-guarding the use of puberty blockers in young people with gender-related health needs: Appendix 2 – Regulatory Impact Statement	Extract released in full.

From: Sayali Pendharkar
Sent: Thursday, 22 February 2024 11:00 am
To: Joe Bourne; Tim Jolleyman
Cc: Sarah Upston; Andi Shirtcliffe
Subject: RE: FOR ENDORSEMENT - media release on Puberty blocker Evidence Brief

Many thanks, Joe.

Tim, just FYI – these statistics cannot be interpreted in context of the evidence brief or used for next steps.

Laura Cleary and Paul (from Lynley Povey's team) kindly provided the data.

Sayali

From: Joe Bourne <Joe.Bourne@health.govt.nz>
Sent: Wednesday, 21 February 2024 3:48 pm
To: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>
Cc: Sarah Upston <Sarah.Upston@health.govt.nz>; Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>
Subject: RE: FOR ENDORSEMENT - media release on Puberty blocker Evidence Brief

Kia Ora Tim

I will give you a call at 4

@[Sayali Pendharkar](#), I will share with Tim the key stats document you sent to me. I think that is all you have but if not please let us know. Could you confirm who you worked with to get this data?

Joe

Dr Joe Bourne
FRNZCGP | MPH | MBChB
Chief Medical Officer
Clinical, Community and Mental Health | Te Pou Whakakaha
Ministry of Health | Manatū Hauora

From: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>
Sent: Wednesday, 21 February 2024 3:44 pm
To: Joe Bourne <Joe.Bourne@health.govt.nz>
Cc: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>
Subject: RE: FOR ENDORSEMENT - media release on Puberty blocker Evidence Brief

Kia ora Joe – just belatedly catching up with this. It is a tight one week timeline I see so it would be good to discuss with you soon.

Let me know when you might have a few min to shape this up – I could have a brief chat sometime later today ideally as I have a full day of clinic sessions tomorrow with uncertain gaps. Monday I am on leave.

In the meantime I'll do some initial thinking of course.

Kia ora Sayali,
Just checking back with you as to whether you have available any progress on prescription rates, patterns, trends over time and age distributions etc of prescribing to assist interpretation.

Tim.

Dr Tim Jolleyman

Clinical Chief Advisor, Child and Youth Health

Ngā Āpiha Hauora : Office of Chief Clinical Officers : Ministry of Health/Manatū Hauora

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Key statistics

Total no. of individuals prescribed leuprorelin or goserelin from 2018/19 to 2022/23 = 2929

For the financial year 2022/23:

- 0.1% of population aged 10 to 19 years was prescribed leuprorelin or goserelin (this is a limitation as prescription data has been limited to individuals aged 13 to 18 years)
- 74.2% were prescribed leuprorelin
- 25.8% were prescribed goserelin
- 43.2% of individuals prescribed either of the two drugs were male
- 48.8% of individuals prescribed either of the two drugs were female
- 4.2% of individuals prescribed either of the two drugs identified as other
- 3.8% of individuals prescribed either of the two drugs did not have their sex reported

Across the 5-year period, number of individuals prescribed either of the two drugs was highest in the 16-year age group.

Limitations of data used for analyses as follows:

- Administrative and bulk dispensing data not included.
- The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals and Pharmaceutical Cancer Treatments (PCT). It does not count non-PCT hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed.
- Data excludes records where there was no NHI number recorded against the dispensing.
- If a person has more than one dispensing within a financial year, they may be counted more than once depending on the categories that apply to those dispensing. For example, if an individual is dispensed two different formulations in a financial year they will be counted once per formulation category.
- The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

From: Sarah Upston
Sent: Thursday, 22 February 2024 3:33 pm
To: Joe Bourne
Subject: RE: PB evidence brief, key statistics and overview

It's not completed yet

Ngā mihi nui,

Sarah Upston (she/her)

Manager Clinical Quality and Safety
Te Pou Whakakaha | Clinical, Community and Mental Health
Manatū Hauora | Ministry of Health
133 Molesworth Street, Wellington 6011 | PO Box 5103, Wellington 6140

Waea pūkoro: s 9(2)(a) | **Imēra:** sarah.upston@health.govt.nz



From: Joe Bourne <Joe.Bourne@health.govt.nz>
Sent: Thursday, 22 February 2024 3:31 pm
To: Sarah Upston <Sarah.Upston@health.govt.nz>
Subject: RE: PB evidence brief, key statistics and overview

We do need to make sure our advice lines up with the prescribing part – is Max sending that part over??

Joe

Dr Joe Bourne
FRNZCGP | MPH | MBChB
Chief Medical Officer
Clinical, Community and Mental Health | Te Pou Whakakaha
Ministry of Health | Manatū Hauora

From: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>

Sent: Wednesday, 21 February 2024 1:54 pm

To: Joe Bourne <Joe.Bourne@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>

Cc: Ian Town <Ian.Town@health.govt.nz>

Subject: PB evidence brief, key statistics and overview

Importance: High

Hi Joe and Sarah,

Here is all the relevant information and attachments relating to the PB work

- Attached
 - Out of scope [REDACTED]
 - key statistics (based off raw data also attached) with significant limitations. This is shared IN CONFIDENCE only and is NOT for public release or to base responses on.
 - I have also asked for additional data that will provide us with the denominator of total no. of individuals that puberty blockers were prescribed to so we can determine a marginally better (than the one currently reported in the key statistics document) prescribing rate.

Out of scope



Hope this is helpful. Happy to have a chat whenever required.

Ngā mihi nui
Sayali

Dr Sayali Pendharkar, PhD (she/her)
Deputy Chief Science Advisor
Office of the Chief Science Advisor
Evidence, Research and Innovation | Te Pou
Whakamārama
Phone: s 9(2)(a)
Email: sayali.pendharkar@health.govt.nz
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



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Count of distinct people who received at least one publicly funded dispensing of a Gonadotrophin RH analogues per year, 1 January 2006 - 31 December 2022

Source: Pharmaceutical Collection, Health New Zealand/Te Whatu Ora

Extracted: 23 February 2024

Dispensing dates between 1 January 2006 and 31 December 2022

Administrative and bulk dispensing data has been excluded.

Data presented only counts an individual once per year, being their first dispensing of a Gonadotrophin RH analogue that year.

The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals and Pharmaceutical Cancer Treatments (PCT); it does not count non-PCT hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed.

Data excludes records where there was no NHI number recorded against the dispensing.

If a person has more than one dispensing within a financial year they may be counted more than once depending on the categories that apply to those dispensings. For example if an individual is dispensed two different formulations in a financial year they will be counted once per formulation category.

Although we've reviewed the provisional data presented here, this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo. As a result, published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible.

The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

Data is provisional, this has not undergone full quality assurance.

AGE AT DISPENSING	PRIORITYSED ETHNICITY	YEAR OF DISPENSING														2019	2020	2021	2022
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	0	\$ 9(2)(a)			
00-04	Asian	0	0	0	0	0	\$ 9(2)(a)		0	0	0	0	0	0	0	\$ 9(2)(a)	0	0	0
00-04	Maori																		
00-04	Other	7	5	5	6	\$ 9(2)(a)		0	0	0	0	\$ 9(2)(a)		0	0	0	0	0	0
00-04	Pacific	0	0	0	\$ 9(2)(a)		0	0	0	0	0	\$ 9(2)(a)		0	0	0	0	0	0
05-09	Asian	5	\$ 9(2)(a)		6	5	8	8	8	11	16	22	22	23	29	46	61	84	
05-09	Maori	5	6	9	11	9	9	10	12	14	13	14	8	12	17	22	28	24	
05-09	Other	23	21	26	24	21	27	21	28	37	38	50	50	45	46	45	61	74	
05-09	Pacific																		
10-14	Asian	7	7	5	5	7	10	9	8	11	19	15	25	24	27	35	46	51	66
10-14	Maori																		
10-14	Other	24	22	22	22	27	32	34	48	45	54	62	89	114	139	176	200	195	
10-14	Pacific	0	\$ 9(2)(a)		0	\$ 9(2)(a)		7	7	9	10	8	9	15	14	22	17		
15-19	Asian	0	\$ 9(2)(a)																
15-19	Maori																		
15-19	Other	7	5	9	12	30	30	34	53	64	70	113	157	190	207	240	300	335	
15-19	Pacific	0	0	0	6	8	10	19	21	19	22	17	19	22	20	20	22	23	
20-24	Asian		\$ 9(2)(a)	0	0	\$ 9(2)(a)										6	\$ 9(2)(a)		
20-24	Maori		\$ 9(2)(a)			6	7	7	8	14	15	24	36	31	27	32	29	37	
20-24	Other	12	12	9	18	43	35	47	57	76	96	109	103	102	108	124	131	150	
20-24	Pacific	0	0	\$ 9(2)(a)	0	\$ 9(2)(a)		7	14	18	19	24	16	11	5	\$ 9(2)(a)	8	6	
25-29	Asian		\$ 9(2)(a)	0	0	5	5	\$ 9(2)(a)	5	10	6	8	7	10	10	9	10	14	
25-29	Maori		\$ 9(2)(a)			11	6	\$ 9(2)(a)	7	12	16	20	17	31	35	32	29		
25-29	Other	12	13	15	17	51	56	60	65	57	81	73	77	67	91	89	125	127	
25-29	Pacific	0	0	\$ 9(2)(a)											7	8	11	12	20
30-34	Asian		\$ 9(2)(a)			6	11	10	13	23	17	23	33	45	50	46	42	48	
30-34	Maori		\$ 9(2)(a)		6	10	14	10	6	9	6	15	22	23	27	28	33	39	45
30-34	Other	32	24	26	42	73	76	79	90	98	87	110	113	116	136	138	166	177	
30-34	Pacific		\$ 9(2)(a)	0	\$ 9(2)(a)	6	\$ 9(2)(a)	6	\$ 9(2)(a)	5	5	8	13	12	14	9	17	22	
35-39	Asian		\$ 9(2)(a)	6	6	8	13	16	17	19	21	30	45	49	68	90	90	76	102
35-39	Maori	7	8	12	12	15	19	27	22	27	23	18	18	33	41	56	58	52	
35-39	Other	57	55	54	80	114	105	132	129	151	156	161	169	187	189	216	238	253	
35-39	Pacific		\$ 9(2)(a)	6	\$ 9(2)(a)	11	11	8	10	9	16	21	22	23	24	35	50	64	
40-44	Asian	9	8	9	9	8	20	24	25	25	25	32	36	42	60	56	67	90	79
40-44	Maori	11	10	9	15	29	30	25	25	25	25	33	39	37	42	32	42	56	58
40-44	Other	62	47	52	76	130	157	172	204	225	235	205	195	243	258	266	301	340	
40-44	Pacific		\$ 9(2)(a)	5	\$ 9(2)(a)	6	\$ 9(2)(a)	13	22	26	25	37	48	46	58	71	83	106	
45-49	Asian	8	15	14	21	33	22	32	43	43	49	55	64	67	82	84	89	104	
45-49	Maori	61	49	52	66	98	141	145	163	196	234	271	286	318	375	380	397	390	
45-49	Other		\$ 9(2)(a)	6	\$ 9(2)(a)	11	11	8	10	9	16	21	22	23	24	35	50	64	
50-54	Asian		\$ 9(2)(a)			6	6	8	11	19	24	22	34	32	42	56	58		
50-54	Maori		\$ 9(2)(a)	5	10	12	19	17	16	26	25	36	46	55	72	75	87	91	
50-54	Other	60	70	58	74	89	107	127	142	157	182	218	201	220	256	305	321	359	
50-54	Pacific		\$ 9(2)(a)	5	5	5	\$ 9(2)(a)	15	16	15	9	11	13	17	27	34	33		
55-59	Asian	10	9	11	18	17	18	21	15	16	24	26	30	34	56	64	70		
55-59	Maori	99	101	118	142	153	149	149	152	164	162	185	182	183	207	236	240	236	
55-59	Other		\$ 9(2)(a)			6	6	9	9	12	15	15	12	15	19	15	10		
55-59	Pacific																		
60-64	Asian	5	6	\$ 9(2)(a)	6	7	6	8	11	11	11	14	17	22	18	23	25	20	
60-64	Maori	30	20	22	26	30	32	38	39	45	44	47	48	63	68	66	68	97	
60-64	Other	216	231	291	338	363	380	375	344	322	355	355	383	418	431	419	405	409	
60-64	Pacific	5	10	15	10	15	18	20	20	14	14	20	24	21	23	25	36		
65+	Asian	26	37	58	68	76	87	103	106	110	118	135	140	168	193	219	244	269	
65+	Maori	118	130	160	164	195	200	234	259	268	284	330	359	410	448	469	502	577	
65+	Other	2398	2729	3012	3365	3559	3803	4069	4307	4352	4557	4834	5151	5368	5669	5798	6035	6204	
65+	Pacific	36	48	67	77	87	107	136	137	145	153	153	178	198	212	220	222	250	

Please note numbers under 5 have been redacted due to privacy under section 9(2)(a) of the OIA.

Count of people receiving their first publicly funded dispensing of a Gonadotrophin RH analogues since 31 December 2005, 1 January 2006 - 31 December 2022

Source: Pharmaceutical Collection, Health New Zealand/Te Whatu Ora

Extracted: 23 February 2024

Dispensing dates between 1 January 2006 and 31 December 2022

Administrative and bulk dispensing data has been excluded.

Data presented only counts an individual once over the entire period, being their first dispensing of a Gonadotrophin RH analogue since 31 December 2005

The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals and Pharmaceutical Cancer Treatments (PCT); it does not count non-PCT hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed.

Data excludes records where there was no NHI number recorded against the dispensing.

If a person has more than one dispensing within a financial year they may be counted more than once depending on the categories that apply to those dispensings. For example if an individual is dispensed two different formulations in a financial year they will be counted once per formulation category.

Although we've reviewed the provisional data presented here, this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo. As a result, published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible.

The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

Data is provisional, this has not undergone full quality assurance.

AGE AT DISPENSING	PRIORITYSED ETHNICITY	YEAR OF DISPENSING																
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
00-04	Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
00-04	Maori	s 9(2)(a)	0	s 9(2)(a)													s 9(2)(a)	
00-04	Other	7	s 9(2)(a)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
00-04	Pacific	0	0	0	0	s 9(2)(a)	0	s 9(2)(a)										
05-09	Asian	5	0	s 9(2)(a)	0	0	5	s 9(2)(a)	0	0	9	9	7	10	12	25	37	41
05-09	Maori	5	s 9(2)(a)	0	0	0	s 9(2)(a)	5	6	s 9(2)(a)	11	10	10	10	19	8		
05-09	Other	23	5	10	6	s 9(2)(a)	11	6	11	15	14	24	15	11	23	19	35	34
05-09	Pacific	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)	6	s 9(2)(a)	6	s 9(2)(a)	9	s 9(2)(a)		
10-14	Asian	5	0	s 9(2)(a)	0	s 9(2)(a)	0				6	s 9(2)(a)	6	s 9(2)(a)	7	9	9	9
10-14	Maori	s 9(2)(a)	0	0	0	5	s 9(2)(a)			5	7	s 9(2)(a)	9	7	22	14	26	14
10-14	Other	18	s 9(2)	6	3	9	8	8	11	9	15	17	40	34	53	75	67	61
10-14	Pacific	0	0	s 9(2)(a)	9	s 9(2)(a)	5	s 9(2)(a)										
15-19	Asian	0	s 9(2)(a)	0	0	s 9(2)(a)	5	s 9(2)(a)	6	5	5							
15-19	Maori	s 9(2)(a)	0	0	0	s 9(2)(a)	6	9	10	16	12	7	19	12	23	17	23	14
15-19	Other	7	s 9(2)(a)	7	9	23	15	23	35	33	41	66	79	74	78	91	99	90
15-19	Pacific	0	0	0	6	s 9(2)(a)	5	11	12	s 9(2)(a)	7	s 9(2)(a)	5	5	6	s 9(2)(a)	7	
20-24	Asian	s 9(2)(a)	0	0	0	0	s 9(2)(a)	0										
20-24	Maori	s 9(2)(a)	0	0	0	s 9(2)(a)	5	s 9(2)(a)	0	10	6	10	13	5	5	9	8	12
20-24	Other	12	7	5	14	30	21	33	36	55	58	60	50	44	46	56	47	59
20-24	Pacific	0	0	s 9(2)(a)	0	0	s 9(2)(a)	5	s 9(2)(a)	5	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)	0		
25-29	Asian	s 9(2)(a)	0	0	0	5	s 9(2)(a)	8	5	s 9(2)(a)	6	5	7	5	5	10	8	8
25-29	Maori	s 9(2)(a)	0	0	0	5	s 9(2)(a)	8	5	s 9(2)(a)	6	9	12	10	8	18	21	12
25-29	Other	11	9	10	12	37	42	39	37	35	52	37	42	38	55	38	65	43
25-29	Pacific	s 9(2)(a)	0	0	0	s 9(2)(a)	5	s 9(2)(a)	5	s 9(2)(a)	0							
30-34	Asian	s 9(2)(a)	0	0	0	0	5	9	5	12	15	10	16	25	32	32	31	29
30-34	Maori	5	0	5	7	10	s 9(2)(a)	6	5	s 9(2)(a)	12	17	16	12	16	17	21	20
30-34	Other	31	15	20	31	55	58	58	59	61	56	76	68	66	81	75	91	87
30-34	Pacific	s 9(2)(a)	0	0	0	s 9(2)(a)	5	s 9(2)(a)	5	s 9(2)(a)	6	9	8	s 9(2)(a)	10	11		
35-39	Asian	s 9(2)(a)	0	0	0	0	7	8	11	12	13	15	20	29	26	36	31	49
35-39	Maori	6	s 9(2)(a)	7	7	10	12	17	15	15	14	7	11	20	26	26	20	
35-39	Other	48	30	27	52	70	69	94	84	101	92	88	86	107	92	108	115	111
35-39	Pacific	s 9(2)(a)	0	0	0	s 9(2)(a)	0	s 9(2)(a)	6	8	6	11	9	16	15	16	11	
40-44	Asian	9	s 9(2)(a)	5	6	13	14	10	15	18	16	23	23	27	36	28	31	39
40-44	Maori	10	s 9(2)(a)	5	7	18	20	12	22	23	23	23	27	36	28	31	20	34
40-44	Other	56	11	18	40	91	103	96	123	137	98	110	119	135	123	144	160	
40-44	Pacific	s 9(2)(a)	0	0	0	s 9(2)(a)	7	5	s 9(2)(a)	10	11	9	14	15	22	26		
45-49	Asian	s 9(2)(a)	0	0	0	s 9(2)(a)	0	s 9(2)(a)	12	15	17	14	23	28	23	26	39	35
45-49	Maori	8	6	5	8	15	10	16	19	19	21	25	29	24	34	35	41	39
45-49	Other	56	15	22	35	60	69	76	91	106	130	129	149	143	186	149	170	156
45-49	Pacific	s 9(2)(a)	0	0	0	s 9(2)(a)	7	5	s 9(2)(a)	13	10	9	13	12	21	20	23	
50-54	Asian	0	0	0	0	s 9(2)(a)	6	s 9(2)(a)	5	s 9(2)(a)	5	7	9	8	15	10	16	22
50-54	Maori	56	26	23	27	47	60	55	68	74	80	93	81	76	102	107	105	109
50-54	Other	s 9(2)(a)	0	0	0	s 9(2)(a)	7	s 9(2)(a)	5	s 9(2)(a)	0	7	12	14	8	s 9(2)(a)	8	
55-59	Asian	10	s 9(2)(a)	8	7	5	9	9	s 9(2)(a)	10	9	8	11	9	23	19	25	
55-59	Maori	95	45	57	66	68	50	54	64	70	47	75	63	70	81	86	85	93
55-59	Other	s 9(2)(a)	0	0	0	0	0	0	0	0	0	0	0	8	5	s 9(2)(a)	6	5
60-64	Asian	30	s 9(2)(a)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60-64	Maori	206	92	142	146	149	135	128	95	112	114	111	140	173	155	138	152	161
60-64	Other	5	6	8	s 9(2)(a)	6	8	7	9	s 9(2)(a)	8	7	s 9(2)(a)	8	5	13	18	
60-64	Pacific	25	17	22	19	19	25	30	24	21	29	44	37	45	59	59	74	75
65+	Asian	113	36	62	48	64	58	67	68	63	74	85	106	105	141	136	128	164
65+	Maori	2371	887	920	1066	962	1029	1091	1064	972	1138	1195	1323	1310	1391	1465	1483	1535
65+	Other	36	22	26	27	35	36	37	33	41	40	47	48	45	56	55	52	71
65+	Pacific																	

RELEASER UNKOWN

List of chemicals included in the data

THERAPEUTIC GROUP	CHEMICAL	FORMULATION
GnRH Analogues	Goserelin	Implant 10.8 mg, syringe
GnRH Analogues	Leuprorelin	Inj 3.75 mg
GnRH Analogues	Leuprorelin	Inj 11.25 mg
GnRH Analogues	Triptorelin	Inj 3.75 mg
GnRH Analogues	Nafarelin acetate	Nasal soln 2 mg per ml
GnRH Analogues	Leuprorelin	Inj 30 mg
GnRH Analogues	Buserelin acetate	Inj 1 mg per ml, 5.5 ml
GnRH Analogues	Goserelin	Implant 3.6 mg, syringe
GnRH Analogues	Leuprorelin	Inj 7.5 mg syringe with diluent
GnRH Analogues	Leuprorelin	Inj 45 mg syringe with diluent
GnRH Analogues	Leuprorelin	Inj 3.75 mg prefilled dual chamber syringe
GnRH Analogues	Leuprorelin	Inj 11.25 mg prefilled dual chamber syringe
GnRH Analogues	Leuprorelin	Inj 22.5 mg syringe with diluent
GnRH Analogues	Leuprorelin	Inj 30 mg prefilled dual chamber syringe
GnRH Analogues	Buserelin acetate	Nasal spray 0.15 mg per dose (approx 85 doses)

From: Andi Shirtcliffe
Sent: Monday, 26 February 2024 12:41 pm
To: Tim Jolleyman; Joe Bourne; Sarah Upston; Rosie Moore
Subject: FW: Puberty blocker statistics
Attachments: Puberty Blockers_by age_ethnicity_AShirtcliffe_26.02.2024.xlsx

Kia ora team

The wonderful Rosie is turning this into graphs for us.

A couple of comments – it strikes me that it is the sheet 1 we are most interested in showing increased incidence. And I thought we would be interested in just goserelin and leuprorelin – as this would align with what the evidence brief covers.

We had an original age restriction to put some boundaries around this I can't recall exactly what they were but there has been some subsequent discussion about having a lower age limit to pick up increased use for precocious puberty – is that relevant [@Tim Jolleyman](#) ?

I suggest looking at sheet 1, having age groupings of five years and stopping at mid-20's. Does that align clinically
[@Tim Jolleyman](#) [@Joe Bourne](#)

Could you graph this Rosie?

Andi

Andi Shirtcliffe (she/her)

Assoc. Prof (Auckland) Hon, B.Pharm, PG Dip (Clin) Pharm, FPS

Clinical Chief Advisor – Pharmacy, Allied Health

Clinical, Community and Mental Health | Te Pou Whakaha

Ministry of Health | Manatū Hauora

133 Molesworth Street, Wellington 6011 | PO Box 5103, Wellington 6140

Waea pūkoro: s 9(2)(a) [REDACTED] | **Īmēra:** andi.shirtcliffe@health.govt.nz



From: s 9(2)(g)(ii) [REDACTED] @health.govt.nz>

Sent: Monday, 26 February 2024 11:19 am

To: Andi Shirtcliffe <[Andi.Shirtcliffe@health.govt.nz](mailto:andi.shirtcliffe@health.govt.nz)>; Sarah Upston <[Sarah.Upston@health.govt.nz](mailto:sarah.upston@health.govt.nz)>

Cc: Tim Jolleyman <[Timothy.Jolleyman@health.govt.nz](mailto:timothy.jolleyman@health.govt.nz)>; Fiona Wild <[Fiona.Wild@health.govt.nz](mailto:fiona.wild@health.govt.nz)>

Subject: RE: Puberty blocker statistics

Kia ora Andi,

Attached is the data.

I've included both ways of counting the dispensings:

1. Sheet 1: Only counting someone's first ever dispensing and the year it happened.

- a. Worth noting that the data only goes back to 2006, so technically we can only say that it's their first dispensing of one of these drugs since 31 December 2005. As the person may have received a dispensing prior to this date.
- b. Due to the way this is being counted you'll notice a higher amount of first dispensings happening in 2006 than other years due to the fact that a large number of people already being on a puberty blocker. As such many of these people are captured in 2006.

2. Sheet 2: Counting each person once for every year they received a dispensing.

Age band is done in 5 year bands up to 65+. Due to the larger population in the 65+ band the counts for this band are significantly larger than other bands.

Please let me know if you have any questions.

Ngā mihi

s 9(2)(g)(ii)

Senior Information Analyst
Data & Digital | National Collections & Reporting

īmēra: s 9(2)(g)(ii)@health.govt.nz
133 Molesworth St | PO Box 5013, Wellington 6140



Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>
Sent: Monday, 26 February 2024 11:05 am
To: s 9(2)(g)(ii)@health.govt.nz; Sarah Upston <Sarah.Upston@health.govt.nz>
Cc: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>
Subject: RE: Puberty blocker statistics

Thank you.

Andi Shirtcliffe (she/her)

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Waea pūkoro: s 9(2)(a) | īmēra: andi.shirtcliffe@health.govt.nz



From: s 9(2)(g)(ii) [@health.govt.nz>](mailto:@health.govt.nz)
Sent: Monday, 26 February 2024 10:57 am
To: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>
Cc: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>
Subject: RE: Puberty blocker statistics

Kia ora Andi,

Yes, am just waiting for a colleague to review and then I'll send it through.

Here's a snapshot of what the format of the data is.

Does that look okay?

AGE AT DISPENSING	PRIORITISED ETHNICITY	2006	2007	2008	2009	2010	2011	2012	2013	YEAR OF L
00-04	Asian	0	0	0	0	0	s 9(2)(a)	0	s 9(2)(a)	2
00-04	Maori	s 9(2)(a)	0	s 9(2)(a)				0	0	
00-04	Other	7	s 9(2)(a)		0	0	0	s 9(2)(a)		
00-04	Pacific	0	0	0	0	s 9(2)(a)	0	0	0	
05-09	Asian	5	0	s 9(2)(a)			5	s 9(2)(a)		
05-09	Maori	5	s 9(2)(a)			0	s 9(2)(a)		5	
05-09	Other	23	5	10	6	s 9(2)(a)	11	6	11	
05-09	Pacific	s 9(2)(a)	0	s 9(2)(a)		0	s 9(2)(a)			
10-14	Asian	5	0	s 9(2)(a)						
10-14	Maori	s 9(2)(a)	0	0	0	s 9(2)(a)	s 9(2)(a)			
10-14	Other	18	s 9(2)(a)	6	s 9(2)(a)	9	8	8	11	
10-14	Pacific	0	0	s 9(2)(a)	0	s 9(2)(a)	s 9(2)(a)	s 9(2)(a)	s 9(2)(a)	
15-19	Asian	0	s 9(2)(a)		0	s 9(2)(a)	0	0	s 9(2)(a)	
15-19	Maori	s 9(2)(a)	0	0	s 9(2)(a)		6	9	10	
15-19	Other	7	s 9(2)(a)	7	9	23	15	23	35	
15-19	Pacific	0	0	0	6	s 9(2)(a)	5	11	12	
20-24	Asian	s 9(2)(a)		0	0		0	s 9(2)(a)		
20-24	Maori	s 9(2)(a)				5	s 9(2)(a)			

From: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>

Sent: Monday, 26 February 2024 10:53 am

To: s 9(2)(g)(ii) [@health.govt.nz>](mailto:@health.govt.nz)

Cc: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>

Subject: RE: Puberty blocker statistics

Kia ora [REDACTED]

Any update on the data?



Andi

Andi Shirtcliffe (she/her)

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From: s 9(2)(g)(ii) [@health.govt.nz](#)
Sent: Thursday, 22 February 2024 11:34 am
To: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>
Cc: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>
Subject: RE: Puberty blocker statistics

Kia ora Andi,

These are the chemicals that fall under the category of therapeutic group 'GnRH Analogues'.

Shall I include all of these in the query?

Regarding the timeframe to get a response to this, I can aim to have something back by COB tomorrow provided there are no issues. Otherwise I'd hope by end of Monday at the latest.

Will that be okay?

Thanks

s 9(2)

From: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>
Sent: Thursday, 22 February 2024 9:58 am
To: s 9(2)(g)(ii) [@health.govt.nz](#)
Cc: Tim Jolleyman <Timothy.Jolleyman@health.govt.nz>
Subject: Puberty blocker statistics

Kia ora s 9(2)

This is the data that I was referring to on our call earlier today. This was initially forwarded to our team by Sayali Pendharkar who is the Deputy Chief Science Advisor at Manatū Hauora, I'm suspecting it was generated as part of the process for pulling the evidence brief on safety and reversibility of puberty blockers together.

I think this was all of the information that I promised to forward to you. I'm around today (in my pdp at 1-2pm and in a workshop 2-4). It's probably not appropriate to step out of my pdp but please do text any other time if you need me and can't raise me via email or teams.

Thanks again for your help.

Ngā mihi

Andi

Andi Shirtcliffe (she/her)

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Waea pūkoro: s 9(2)(a) | Īmēra: andi.shirtcliffe@health.govt.nz



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Count of people receiving their first publicly funded dispensing of Goserelin or Leuprorelin since 31 December 2005, 1 January 2006 - 31 December 2022

Source: Pharmaceutical Collection, Health New Zealand/Te Whatu Ora

Extracted: 23 February 2024

Dispensing dates between 1 January 2006 and 31 December 2022

Administrative and bulk dispensing data has been excluded.

Data presented only counts an individual once over the entire period, being their first dispensing of a Gonadotrophin RH analogue since 31 December 2005

The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals and Pharmaceutical Cancer Treatments (PCT); It does not count non-PCT hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed.

Data excludes records where there was no NHI number recorded against the dispensing.

If a person has more than one dispensing within a financial year they may be counted more than once depending on the categories that apply to those dispensings. For example if an individual is dispensed two different formulations in a financial year they will be counted once per formulation category.

Although we've reviewed the provisional data presented here, this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo. As a result, published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible.

The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

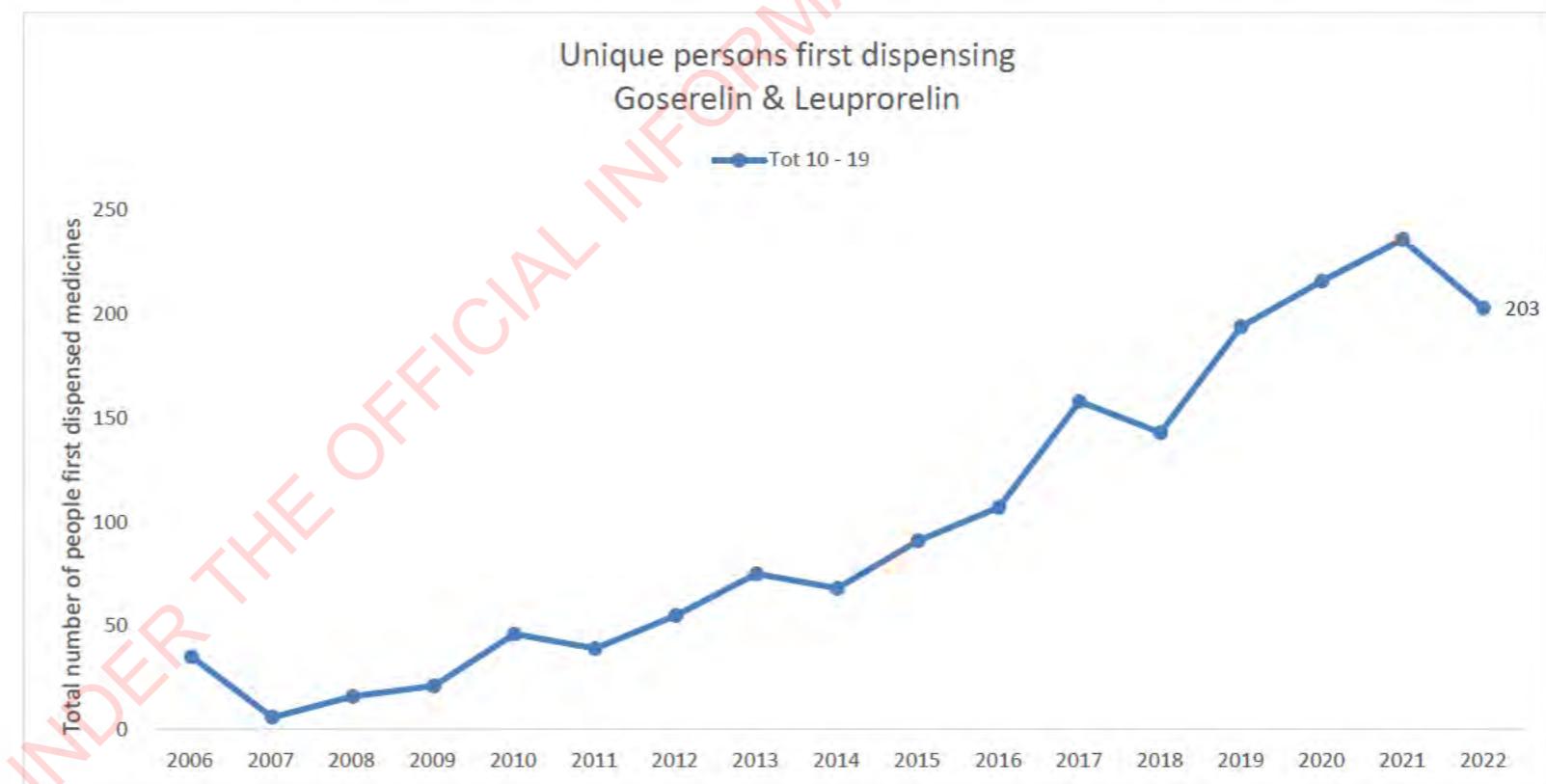
Data is provisional, this has not undergone full quality assurance.

AGE AT DISPENSING	PRIORITISED ETHNICITY	YEAR OF DISPENSING																
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
00-04	Asian	0	0	0	0	0	s 9(2)(a)	0	s 9(2)	0	s 9(2)	0	s 9(2)	0	0	0	0	0
00-04	Maori	s 9(2)	0	s 9(2)(a)				0	0	0	0	0	0	0	0	s 9(2)(a)	0	s 9(2)
00-04	Other	7	s 9(2)(a)		0	0	s 9(2)(a)		s 9(2)(a)				0	s 9(2)(a)	0	0	s 9(2)(a)	
00-04	Pacific	0	0	0	0	s 9(2)(a)	0	0	0	0	s 9(2)(a)	0	0	0	0	0	0	0
05-09	Asian	5	0	s 9(2)(a)			5	s 9(2)(a)			9	9	7	10	12	25	37	41
05-09	Maori	5	s 9(2)(a)	4	s 9(2)	0	s 9(2)(a)	5	5	6	s 9(2)(a)	3	11	10	10	19	8	
05-09	Other	23	5	10	6	s 9(2)(a)	11	6	11	15	14	24	15	11	23	19	35	34
05-09	Pacific	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)							6	s 9(2)	9	s 9(2)(a)		
10-14	Asian	5	0	s 9(2)(a)						6	s 9(2)(a)	6	s 9(2)(a)	7	9	9	9	9
10-14	Maori	s 9(2)(a)	0	0	0	5	s 9(2)(a)			7	s 9(2)(a)	9	7	22	14	26	14	
10-14	Other	18	s 9(2)(a)	6	s 9(2)	9	8	8	11	9	15	17	40	34	53	75	67	61
10-14	Pacific	0	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)			0	s 9(2)(a)			9	s 9(2)	5	s 9(2)(a)	
15-19	Asian	0	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)(a)	0	s 9(2)	0	s 9(2)	5	s 9(2)(a)	6	5	5	5	
15-19	Maori	s 9(2)(a)	0	0	s 9(2)(a)	6	9	10	16	12	7	19	12	23	17	23	14	
15-19	Other	7	s 9(2)(a)	7	9	23	15	23	35	33	41	66	79	74	78	91	99	90
15-19	Pacific	0	0	0	6	s 9(2)	5	11	12	s 9(2)(a)	7	s 9(2)(a)	5	5	6	s 9(2)(a)	7	
20-24	Asian	s 9(2)(a)	0	0	(a)	0	s 9(2)(a)			0	s 9(2)(a)							
20-24	Maori	s 9(2)(a)				5	s 9(2)(a)			10	6	10	13	5	5	9	8	12
20-24	Other	12	7	5	14	30	21	33	36	55	58	60	50	44	46	56	47	59
20-24	Pacific	0	0	s 9(2)	0	0	s 9(2)(a)	5	s 9(2)(a)	5	s 9(2)(a)	0	s 9(2)(a)	0			0	
25-29	Asian	s 9(2)(a)	0	0	5	s 9(2)(a)			6	5	7	5	5	10	8	8	8	13
25-29	Maori	s 9(2)(a)				8	5	s 9(2)(a)		6	9	12	10	8	18	21	12	10
25-29	Other	11	9	10	12	37	42	39	37	35	52	37	42	38	55	38	65	43
25-29	Pacific	s 9(2)	0	0	s 9(2)(a)							0	s 9(2)	5	12	s 9(2)		
30-34	Asian	s 9(2)(a)				5	9	5	12	15	10	16	25	32	31	24	29	
30-34	Maori	5	0	5	7	10	s 9(2)	6	5	s 9(2)	12	17	16	12	17	21	20	

30-34	Other	31	15	20	31	55	58	58	59	61	56	76	68	66	81	75	91	87
30-34	Pacific	s 9(2)(a)	0	s 9(2)(a)				5	s 9(2)(a)				6	9	8	s 9(2)	10	11
35-39	Asian	s 9(2)(a)				8	11	12	13	15	20	29	26	36	51	36	31	49
35-39	Maori	6	4	7	7	10	12	17	15	15	14	7	11	20	26	26	26	20
35-39	Other	48	30	27	52	70	69	94	84	101	92	88	86	107	92	108	115	111
35-39	Pacific	s 9(2)(a)	0	s 9(2)(a)					6	8	6	11	9	16	15	16	11	
40-44	Asian	9	s 9(2)(a)		5	6	13	14	10	15	18	16	23	39	29	38	50	48
40-44	Maori	10	s 9(2)	5	7	18	20	12	22	23	23	23	27	36	28	31	39	34
40-44	Other	56	11	18	40	91	103	96	123	127	137	98	110	119	135	123	144	160
40-44	Pacific	s 9(2)(a)				7	5	s 9(2)(a)				10	11	9	14	15	22	26
45-49	Asian	s 9(2)(a)	0		5	s 9(2)		12	15	17	14	23	28	23	26	39	35	52
45-49	Maori	8	6	5	8	15	10	16	19	19	21	25	29	24	34	35	41	39
45-49	Other	56	15	22	35	60	89	76	91	106	130	129	149	143	186	149	170	156
45-49	Pacific	s 9(2)(a)			0	9	s 9(2)(a)	7	s 9(2)(a)	13	10	9	13	12	21	20	23	
50-54	Asian				0	s 9(2)(a)	6	s 9(2)(a)		5	7	9	8	15	10	16	22	13
50-54	Maori				s 9(2)(a)	9	6	8	11	10	12	10	17	23	22	17	34	28
50-54	Other	56	26	23	27	47	60	55	68	74	80	93	81	76	102	107	105	109
50-54	Pacific	s 9(2)(a)		0	s 9(2)(a)			7	6	5	s 9(2)(a)		s 9(2)	7	12	14	8	
55-59	Asian	s 9(2)	0	s 9(2)(a)					0	s 9(2)			7	s 9(2)	7	s 9(2)(a)		
55-59	Maori	10	s 9(2)(a)			8	7	5	9	9	10	9	8	11	9	23	19	25
55-59	Other	95	45	57	66	68	50	54	64	70	47	75	63	70	81	86	85	93
55-59	Pacific	s 9(2)(a)												8	5	s 9(2)(a)		
60-64	Asian	5	s 9(2)(a)								5	7	6	10	s 9(2)	8	6	5
60-64	Maori	30	s 9(2)	8	9	10	10	13	13	16	13	15	25	23	29	24	27	41
60-64	Other	206	92	142	146	149	135	128	95	112	114	111	140	173	155	138	152	161
60-64	Pacific	5	6	8	s 9(2)	6	8	7	9	s 9(2)(a)		8	7	s 9(2)	8	5	13	18
65+	Asian	25	17	22	19	19	25	30	24	21	29	44	37	45	59	59	74	75
65+	Maori	113	36	62	48	64	58	67	68	63	74	85	106	105	141	136	128	164
65+	Other	2370	888	920	1066	962	1029	1091	1064	972	1138	1195	1323	1310	1391	1465	1483	1535
65+	Pacific	36	22	26	27	35	36	37	33	41	40	47	48	45	56	55	52	71

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AGE AT DISPENSING	PRIORITISED ETHNICITY	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
10-14	Asian	5	s 9(2)(a)								6	s 9(2)(a)			6	s 9(2)	7	9
10-14	Maori	s 9(2)	0	0	0	5	s 9(2)(a)			5	7	s 9(2)	9	7	22	14	26	14
10-14	Other	18	s 9(2)(a)	6	s 9(2)(a)	9	8	8	11	9	15	17	40	34	53	75	67	61
10-14	Pacific	0	0	s 9(2)(a)	0	s 9(2)	0	s 9(2)	s 9(2)(a)	0	s 9(2)(a)	s 9(2)		9	s 9(2)	5	s 9(2)(a)	5
15-19	Asian	0	s 9(2)(a)	0	s 9(2)(a)	0	0	0	0	0	0	5	s 9(2)(a)	6	5	5	5	5
15-19	Maori	s 9(2)(a)	0	0	s 9(2)(a)	6	9	10	16	12	12	7	19	12	23	17	23	14
15-19	Other	7	s 9(2)	7	9	23	15	23	35	33	41	66	79	74	78	91	99	90
15-19	Pacific	0	0	0	6	s 9(2)	5	11	12	s 9(2)	7	s 9(2)	5	5	6	s 9(2)(a)	7	
		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Tot 10 - 19		35	6	16	21	46	39	55	75	68	91	107	158	143	194	216	236	203



From: Sarah Upston
Sent: Tuesday, 30 April 2024 12:00 pm
To: Seamus.brady[Parliament]
Cc: DG Advisory; ODDG Clinical Community & Mental Health; Office of the Chief Clinical Officers; Joe Bourne; Briefings
Subject: Information request: puberty blockers next steps H2024040460
Attachments: Info request Puberty Blockers H2024040460.docx

Kia ora Seamus,

Please see attached information requested yesterday.
Please let Joe Bourne or myself know if you require any further information.

Ngā mihi nui,

Sarah Upston (she/her)

Manager Clinical Quality and Safety
Te Pou Whakakaha | Clinical, Community and Mental Health
Manatū Hauora | Ministry of Health
133 Molesworth Street, Wellington 6011 | PO Box 5103, Wellington 6140

Waea pūkoro: s 9(2)(a) | **Imēra:** sarah.upston@health.govt.nz



Enhanced prescription monitoring of puberty blockers

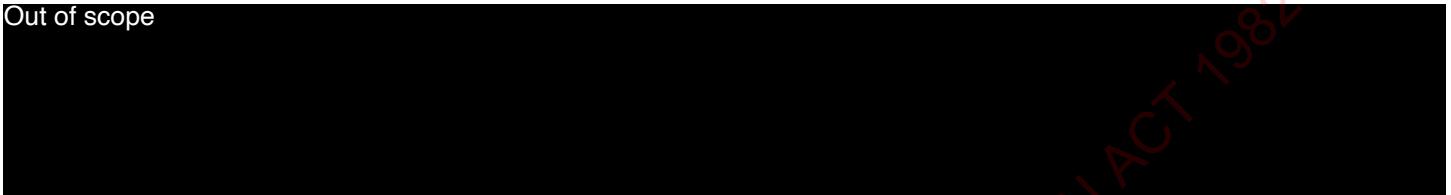
4.

Document 1
Prescribing data is available from **Appendix 1** Health New Zealand's Pharmaceutical Collection – a data warehouse that contains claim and payment information from pharmacists for subsidised dispensings. It is possible to get some insights into prescribing patterns through this data, but there are limitations as this is not the primary reason for its collection.

From: Diana Sarfati
Sent: Friday, 10 May 2024 1:21 pm
To: Joe Bourne; Sarah Upston
Cc: Lisa McPhail; DG Advisory; Robyn Shearer; Peter Abernethy; Cedric Horner; ODDG Clinical Community & Mental Health
Subject: RE: PB and gender identity services work program update

Thanks for this team.

Out of scope



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From: Diana Sarfati
Sent: Friday, 10 May 2024 8:26 am
To: Joe Bourne; Sarah Upston
Cc: Lisa McPhail; DG Advisory; Robyn Shearer; Peter Abernethy; Cedric Horner; ODDG Clinical Community & Mental Health
Subject: RE: PB and gender identity services work program update

Thanks Joe and team. Happy to meet next week.

I spoke to Margie yesterday, and she is supportive of getting the analysis done under urgency, and understands the importance and constraints that we face.

I will read the attached later today

From: Joe Bourne <Joe.Bourne@health.govt.nz>
Sent: Thursday, 9 May 2024 11:42 pm
To: Diana Sarfati <Diana.Sarfati@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>
Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>; Peter Abernethy <peter.abernethy@health.govt.nz>; Cedric Horner <Cedric.Horner@health.govt.nz>; ODDG Clinical Community & Mental Health <oddg.ccmh@health.govt.nz>
Subject: PB and gender identity services work program update
Importance: High

Kia Ora Di

Please find attached two documents relating to the work you commissioned regarding our next steps in the area of gender identity services and the use of puberty blockers within those services. The team have worked hard to progress this work at pace. The documents that we have do reflect the speed at which we are working.

We have had excellent support from across the Ministry and from other agencies – HNZ and Pharmac.

The two documents are:

1. A work program update – we plan to produce these weekly
2. Out of scope

Given the sensitivity and complexity of this work I would be grateful if we can organise a catch up towards the beginning of next week so that we can get your direction on the next weeks work.

Please feel free to call me if there are any issues within either document which you would like to discuss further.

Ngā mihi

Joe

Dr Joe Bourne
FRNZCGP | MPH | MBChB
Chief Medical Officer
Clinical, Community and Mental Health | Te Pou Whakakaha
Ministry of Health | Manatū Hauora

Puberty Blockers and Gender Identity Services

Update on action taken during the week starting 6 May 2024

This update aims to provide a brief update on agreed actions being taken prior to the publication of the Ministry of Health's evidence brief and position statement on puberty blockers and their role in gender-affirming care for young people with gender incongruence and dysphoria.

External Advisory Group – Gender Identity Services

The team has worked with advice from CCMH, SPL and EGS to prepare a memo for the DG on the establishment of an external advisory group. Out of scope

Review of existing gender identity services

We have met with Health New Zealand to ask that they provide information so that we can review the state of existing services for meeting the health and wellbeing needs of young people presenting with gender identity issues. This includes a request for more detailed data on composition of services and access to those services. Additional information has been requested on prescribing of puberty blockers within these services.

Health New Zealand colleagues have committed to providing initial information by Tuesday 14 May and will also provide a timeline for completing the work.

A draft letter to Health New Zealand CE has been provided to your office so that you can highlight the importance of working with our team to deliver this review, although it is understood that you have already spoken to the CE informally.

Out of scope



Position statement:

The Use of Puberty Blockers in Gender Affirming Care

Purpose

This position statement accompanies the release of the evidence brief which examines the safety and long-term impacts of puberty blockers. This statement summarises the brief's findings and sets out the Ministry of Health's expectations regarding the use of puberty blockers for gender affirming care. It also outlines our next steps that will ensure young people with gender incongruence and dysphoria have access to quality care, and provides information for health professionals, rainbow communities, and the general public.

Background

In September 2022, the Ministry of Health (the Ministry) updated its position on the safety and reversibility of puberty blockers when used for gender affirming care in light of work underway in other jurisdictions examining the clinical effects of puberty blockers on adolescents. The Evidence, Research and Innovation directorate within the Ministry of Health were commissioned to produce an evidence brief examining the risks and benefits of puberty blockers when used for gender affirming care.

Why puberty blockers are prescribed

Puberty blockers, or Gonadotrophin Releasing Hormones (GnRH) agonists, can be used to delay the onset of puberty by suppressing oestrogen and testosterone. They can be prescribed by clinicians to young people experiencing gender incongruence or dysphoria.

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.

GnRH agonists can also be used to treat precocious puberty in children. In adults, they can be used to treat endometriosis, breast and prostate cancer, and polycystic ovary syndrome.

The evidence brief examines their use in the context of delaying puberty in adolescents experiencing gender dysphoria.

Prescription of puberty blockers in New Zealand

In recent years, there has been an increasing awareness of puberty blockers as an option for gender affirming care. This has likely led to an increase in prescribing.

A review of prescribing data shows a fivefold increase in the number of young people 10-19 years of age receiving first time prescriptions of GnRH agonists between 2010 to 2022. Whilst this is a significant increase, it equates to less than one in 3,000 young people being started on these medicines.

While these medicines are not approved by Medsafe for the purpose of delaying puberty, clinicians can still prescribe them under Section 25 of the Medicines Act. Use of Section 25 is common in clinical practise particularly in paediatric services. Other examples of medications prescribed to young people under Section 25 are fluoxetine for depression and melatonin for insomnia.

When authorised prescribers first prescribe an unapproved medicine they are expected to be working within their scope of practice. In addition, there is a clear expectation that the person is aware that the medicine is being used for an unapproved use and that there is an informed conversation about the potential risks and benefits, involving family/whānau/caregivers where appropriate.

Medical practitioners are expected to meet professional practice and ethical standards and ensure the provisions of the Code of Health and Disability Services Consumer Rights are met.

Clinicians should take a holistic approach to the provision of gender affirming care. Puberty blockers are one of a range of options clinicians should discuss with individuals and their families.

What is happening in other countries?

The World Health Organisation (WHO) is in the process of developing a guideline on the health of transgender and gender diverse people including health policies and legal recognition of self-determined gender identity. While these are not legally binding, they may influence any current or future governance and legal structures.

England, Finland, Norway, and Sweden have recently decided to limit the prescription of puberty blockers for young people seeking gender affirming care to clinical trials. Those countries are concerned about the lack of high-quality evidence regarding outcomes for the use of puberty blockers for gender incongruence and dysphoria. England's independent

review¹ identified gaps in interprofessional approaches and variability in service access by patients. In Sweden there were concerns relating to consent, and the lack of data to understand the context in which puberty blockers were being used.

In most Australian states and territories the prescription of puberty blockers for people under 18 years requires consent from all parties who have parental responsibility for the young person.

Other countries such as Canada and the Netherlands, continue to enable the prescription of puberty blockers through clinical processes involving individuals and their whānau/families, as part of comprehensive gender affirming care, although Alberta in Canada is currently considering banning the use of puberty blockers in children under 16.

Evidence brief findings

Scope of the evidence brief

The evidence brief considers international and national literature, published up until 30 September 2023.

Findings

The full evidence brief can be found here. Key findings are:

- There is some evidence that for those on puberty blockers, bone density appears to increase at less than the expected rate for individual stage of development.
- Organ systems are often impacted by hormone medication. However, for those on puberty blockers, there appears to be no evidence of impact on renal or liver function, the onset of diabetes, or fertility.
- Whilst there are some studies that suggest an improvement in depression, anxiety, and suicidal ideation for individuals treated with puberty blockers, the quality of the evidence is poor.

Overall, the evidence brief found limitations in the quality of evidence for either the benefits or risks (or lack thereof) of the use of puberty blockers. This means there is insufficient basis to say that puberty blockers are safe or reversible (or not) for use in gender dysphoria in adolescents.

¹ <https://cass.independent-review.uk/>

The Ministry of Health's position on the use of puberty blockers

The prescription of medication to delay the onset of puberty in young people is a complex issue. The Ministry of Health acknowledges that there are strong and varied views relating to the area of gender affirming healthcare. At the centre are the young people seeking gender affirming care.

It is the role of the Ministry to ensure everyone in New Zealand can access high quality health care that meets their needs. Young people who experience Gender incongruence or dysphoria have complex needs requiring a range of psychological and medical supports. Puberty blockers can be used as part of a comprehensive care plan.

However, given the limitations in the quality of evidence, there is a need for high-quality, longitudinal data and research to understand the benefits and risks of puberty blockers when used for treatment of gender incongruent/dysphoric young people in New Zealand.

Information for health professionals

Like all health care it is important that individuals (and their whānau) discuss with their clinician the potential benefits and risks of using puberty blockers in their context.

Clinicians initiating puberty blockers should be experienced in providing gender affirming care and be part of an inter-professional team.

Given the paucity of evidence around their impact, healthcare professionals should ensure clinical conversations about puberty blockers reflect the lack of evidence regarding their benefits and risks.

Young people who experience gender incongruence also experience higher rates of anxiety, depression and suicidal ideation. They should have timely access to therapeutic supports which meet their mental health needs.

Information for people and whānau

It is important to note that gender affirming care is broader than just the prescription of puberty blockers.

People presenting to clinicians with gender incongruence/dysphoria will continue to receive advice and care from healthcare professionals.

Anyone experiencing gender incongruence can get advice through their general practice team, who can help them to access care and support.

No medical intervention is entirely without risk. Clinicians will continue to provide careful guidance to and follow up for people and families considering gender affirming care, taking individual circumstances into account.

Next steps

Young people experiencing gender incongruence/dysphoria should have access comprehensive quality care. To that end the Ministry of Health will consider the following options:

- Commissioning New Zealand research to determine the long-term clinical and mental health and wellbeing impacts of puberty blockers in young people with gender incongruence/dysphoria.
- Working with Health New Zealand to establish clinical governance structures, incorporating services initiating puberty blockers, to oversee the safe and evidence-based delivery of gender affirming care.
- Exploring the feasibility of applying additional criteria or conditions on the prescription of puberty blockers for gender affirming care.

Health New Zealand is currently developing an updated set of guidance to support clinicians providing gender affirming care, including the use of puberty blockers. The evidence brief will be available to inform those guidelines. The updated guidelines are expected to be complete by September 2024.

The Ministry will continue to monitor emerging evidence in the field of gender affirming care and to review the international context in relation to the use of puberty blockers.

The Ministry will work closely with Health New Zealand and other partners to ensure young people experiencing gender incongruence/dysphoria have access to care which meets their needs.

Position Statement on the Use of Puberty Blockers in Gender-Affirming Care

Purpose

This position statement accompanies the release of an evidence brief which examines the safety and long-term impacts of puberty blockers. This statement summarises the brief's findings and sets out the Ministry of Health's expectations regarding the use of puberty blockers for gender-affirming care¹. It outlines our next steps that will ensure young people with gender incongruence and gender dysphoria have access to quality care. It also provides relevant information for health professionals, rainbow communities, and the general public.

Background

In September 2022, the Ministry of Health updated its position on the safety and reversibility of puberty blockers when used for gender affirming care. This was in light of work underway in other jurisdictions examining the clinical effects of puberty blockers on adolescents. The evidence brief examines the risks and benefits of puberty blockers when used for gender-affirming care.

Reasons for prescription of puberty blockers

Puberty blockers, or gonadotrophin releasing hormone (GnRH) agonists are used to treat precocious puberty² in children. In adults, the same medications can be used to treat endometriosis, breast and prostate cancer, and polycystic ovary syndrome.

Puberty blockers can also be used as part of gender-affirming care to delay the onset of puberty by suppressing oestrogen and testosterone. Clinicians can prescribe them to young people experiencing gender incongruence or gender dysphoria.

¹ Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>

² Precocious puberty (PP) is defined as the development of pubertal changes, at an age younger than the accepted lower limits for age of onset of puberty, namely, before age 8 years in girls and 9 years in boys <https://my.clevelandclinic.org/health/diseases/21064-precocious-early-puberty>

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.

The evidence brief examines their use in the context of delaying puberty in adolescents experiencing gender incongruence or gender dysphoria.

Prescription of puberty blockers in New Zealand

In recent years, there has been an increasing awareness of puberty blockers as an option for gender-affirming care. A preliminary review of prescribing data shows a steady increase in the number of young people aged 10-19 receiving first-time prescriptions of GnRH agonists between 2010 and 2022. Other countries have observed a similar increase in prescribing of puberty blockers although due to the quality of the data, meaningful direct comparison of prescribing rates is not possible.

While these medications are not approved by Medsafe for the purpose of delaying puberty, clinicians can still prescribe them "off label" under section 25 of the Medicines Act, 1981³.

Use of section 25 is common in clinical practice particularly in paediatric services. Other examples of medications prescribed to young people under section 25 are fluoxetine for depression and melatonin for insomnia.

When authorised prescribers prescribe an unapproved medication they are expected to be working within their scope of practice. Clinicians need to make sure that the person receiving the medication knows that the medication is being used for an unapproved use and have an informed conversation with them about the potential risks and benefits, involving family/whānau/caregivers where appropriate.

Medical practitioners are expected to meet professional practice and ethical standards and also ensure that they meet the provisions of the Code of Health and Disability Services Consumer Rights.

Clinicians should take a holistic approach and undertake a comprehensive assessment in the provision of gender-affirming care. Puberty blockers are one of a range of options (e.g., medical, mental health and social support) clinicians can discuss with individuals and their families.

³ Section 25 of the Medicines Act allows an authorised prescriber to "procure the sale or supply of any medicine" for a patient in their care. This means that prescribers may prescribe any medicine to a patient (within their scope of practice), regardless of whether it is approved or unapproved in New Zealand.

The international context

The World Health Organization (WHO) is in the process of developing a guideline on the health of transgender and gender-diverse people including health policies and legal recognition of self-determined gender identity. While the guideline will not be legally binding, it may influence current or future governance and legal structures.

England, Finland, Norway, and Sweden have recently decided to limit the prescription of puberty blockers for young people seeking gender-affirming care to clinical trials. Those countries have expressed concerns about the lack of high-quality evidence on outcomes in the use of puberty blockers for gender incongruence and gender dysphoria. NHS England's independent review⁴ identified gaps in interprofessional approaches and variability in service access by patients. In Sweden⁵ there were concerns relating to the consent process, and a lack of data to understand the context in which puberty blockers have been used.

In most Australian states and territories, the prescription of puberty blockers for people aged under 18 years requires consent from the young person, treating clinician and all parties who have parental responsibility for the young person. Prescribing is "off-label" however, the medications are not funded through the Pharmaceutical Benefits Scheme.

Other countries, such as Canada and the Netherlands, continue to enable the prescription of puberty blockers through clinical processes involving individuals and their families, as part of comprehensive gender-affirming care. However, the Canadian province of Alberta is currently considering banning the use of puberty blockers for young people aged under 16 years.

Evidence brief findings

Scope of the evidence brief

The evidence brief considers international and national literature, published up until 30 September 2023.

Other international analyses and reports have been released since our evidence brief was completed. Our assessment of these reports is that there is no new evidence that has been published since September 2023 that is materially different from that included in our evidence brief.

⁴Cass H. 2024. *The Cass Review: Independent review of gender identity services for children and young people: Final report*. URL: <https://cass.independent-review.uk/home/publications/final-report/> (accessed 12 April 2024)

⁵ <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>

Findings

The full evidence brief can be found on the Ministry of Health website. Key findings are as follows:

- There is some evidence that for people treated with puberty blockers, bone density appears to increase at less than the expected rate for individual stage of development.
- Organ systems are often impacted by hormone medication. However, for those on puberty blockers, there is no evidence of impact on renal or liver function, the onset of diabetes, or fertility.
- Whilst there are some studies that suggest an improvement in depression, anxiety, and suicidal ideation for individuals treated with puberty blockers, the quality of the evidence is poor.

Overall, the evidence brief found limitations in the quality of evidence for either the benefits or risks (or lack thereof) of the use of puberty blockers. This means there is insufficient basis to say that puberty blockers are safe or reversible (or not) for use as an intervention for gender dysphoria in adolescents.

The Ministry of Health's position on the use of puberty blockers

The prescription of medication to delay the onset of puberty in young people is a complex issue. The Ministry of Health acknowledges that there are strong and varied views relating to the area of gender-affirming healthcare. In relation to the use of puberty blockers, the Ministry is also aware of a range of experiences and views among young people, who have lived experience of gender incongruence/dysphoria.⁶

It is the Ministry's role to ensure everyone in New Zealand can access high quality health care that meets their needs. Young people who experience gender incongruence or gender dysphoria have complex needs and require a range of psychological and medical supports. With informed consent, puberty blockers are one option that can be used as part of a comprehensive care plan.

⁶ Young people have rights under the UN Convention on the Rights of the Child (CRC) to both identity (Article 8) and to health (physical, mental), including equitable access to health care (Article 24). These rights sit among children's wider range of holistic rights under the CRC, which also includes the right and general principle that all decisions made about/in relation to a child must be made in their best interests (Article 3), and the right and general principle to non-discrimination (Article 2) and to life, survival and development (Article 6).

However, given the limitations in the quality of the current evidence, there is a need for high-quality, longitudinal data and research to understand the benefits and risks of puberty blockers when used for treatment of gender-incongruent and gender-dysphoric young people in New Zealand.

Information for health professionals

In any health care context, it is important that clinicians discuss the potential benefits and risks of using particular medications, including puberty blockers with individuals and their whānau.

Clinicians who initiate puberty blockers should be experienced in providing gender-affirming care and be part of an interprofessional team. The importance in this context is that mental health issues, which can be wide-ranging, and other commonly concurrent presentations should be addressed alongside treatment for gender incongruence or gender dysphoria.

Young people who experience gender incongruence also experience higher rates of anxiety, depression and suicidal ideation. They should have timely access to therapeutic supports which meet their mental health needs.

There is a paucity of evidence on the impact of puberty blockers. The Ministry expects healthcare professionals to ensure that clinical conversations about puberty blockers reflect the paucity of evidence regarding their benefits and risks.

Information for young people and whānau

It is important to note that gender-affirming care is broader than just the prescription of puberty blockers.

People with gender incongruence or gender dysphoria will continue to receive advice and care from healthcare professionals.

Anyone experiencing gender incongruence can get advice through their general practice team who can help them to access care and support.

No medical intervention is entirely without risk. Clinicians will continue to provide careful guidance to and follow-up for people and families considering gender-affirming care, taking individual circumstances into account.

Next steps

Young people experiencing gender incongruence or gender dysphoria should have access to comprehensive quality care. To that end, the Ministry of Health will:

- continue to seek expert advice that considers system wide issues relating to gender-affirming care

- work with Health New Zealand – Te Whatu Ora to establish clinical governance structures, incorporating services initiating puberty blockers, to oversee the safe and evidence-based delivery of gender-affirming care.
- explore the feasibility of introducing additional criteria or conditions for the prescription of puberty blockers for gender-affirming care.
- undertake audit to evaluate the quality of gender-affirming service provision in New Zealand. In the longer-term, we will also commission New Zealand research to determine the long-term clinical and mental health and wellbeing impacts of puberty blockers in young people with gender incongruence or gender dysphoria.

Health New Zealand is currently developing an updated set of guidance to support clinicians providing gender-affirming care, including the use of puberty blockers. The evidence brief will be available to inform those guidelines. The updated guidelines are expected to be complete by September 2024.

The Ministry will continue to monitor emerging evidence in the field of gender-affirming care and to review the international context in relation to the use of puberty blockers.

The Ministry will work closely with Health New Zealand and other partners to ensure young people experiencing gender incongruence or gender dysphoria have access to care which meets their physical and mental health needs and upholds their holistic range of rights as young people.

Communications support for Ministers' offices

Puberty blockers evidence brief release

1. Purpose

This communications plan contains messages to support Ministers, if needed, following the Ministry of Health's release of the Evidence Brief that examines the impact of puberty blockers on clinical and mental health outcomes in gender-dysphoric adolescents.

2. Background

Puberty blockers are medications that can be used to delay the onset of puberty by suppressing oestrogen and testosterone.

England, Scotland, Finland, Norway, and Sweden have since decided to limit the first-use of puberty blockers to young people enrolled in clinical trials.

The Ministry has reviewed the available evidence on the impact of puberty blockers on clinical and mental health and wellbeing outcomes in adolescents with gender dysphoria.

The Ministry's evidence brief draws the same conclusions as the recently-released Cass report, i.e., that the evidence is poor and needs to be improved.

The Ministry has developed an accompanying position statement setting out its expectations for the prescription of these medicines and is working with Health New Zealand – Te Whatu Ora to develop an appropriate response for the New Zealand context.

3. Release approach

Timeline of comms activities

Date	Activity
Tue 18 June	Provide comms plan to Min Reti's office (cc to Minister Doocey's office)
Tue 18 June	Update Health NZ – Te Whatu Ora Chief Clinical Officer Dr Richard Sullivan and Clinical Chief Advisor Sarah Clarke on our plans for the release of the evidence brief and position statement.
Wed pm 19 June 2024	Embargoed copy of Brief (2 hours prior to public release) to key external entities: <ul style="list-style-type: none"> • Children's Commissioner • Royal Australian and New Zealand College of Psychiatrists • Royal New Zealand College of General Practitioners • Paediatric Society of New Zealand • Science Media Centre

Wed 19 June 2024 (on release)	Public commentary (online comments) from Evidence Brief peer reviewers provided to general media - coordinated by the Science Media Centre.
19 June 2024 noon (provisional)	Publication, Ministry of Health media release / tweet published (at time embargo lifted)
19 June 2024 pm	Te Whare intranet item (intranet article for Ministry staff)
Tue 25 June 2024	Puberty Blockers included in the Director General's Pānui to staff

4. Media plan

The Ministry has three spokespeople ready to respond to media requests.

Spokesperson	Role
Dr Joe Bourne , Chief Medical Officer	Immediately available for interview requests on afternoon of release and following morning. Can speak for the Ministry on substantive matters on puberty blockers (additional written comment may be provided for some less prominent areas of immediate media interest if required).
Dr Anna Skinner , Chief Clinical Advisor (for attribution)	Longer term, available for interviews requests and media responses able to provide assistance with media interest in the issue. Can speak to clinical implications of the Brief and position statement
Dr Sayali Pendharkar , Deputy Chief Science Advisor (for attribution)	Expert review and advice on the process of evidence brief development. Available to provide written responses on the evidence and the development of the Brief to media if required.

On Wednesday 19 June, Dr Bourne will be available from 4pm to 5pm for pre-recorded interviews, and then 6am to 8am the next morning (20 June).

5. Reactive lines for Ministers

Overarching messages

- Ministry of Health and Health New Zealand, as well as the wider health sector, have a duty of care to all young people in New Zealand, including those experiencing gender incongruence or gender dysphoria.
- The position statement from the Director-General of Health provides clear advice for prescribers: 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.
- Gender affirming advice and care is still available to young people experiencing gender dysphoria can get advice through a trusted health professional who can help them to access care and support.
- I recognise there are strong and varied views relating to the area of gender affirming healthcare. In this work the focus has been on clinical safety and recognises that, as with all types of clinical care, there is an ongoing need to keep abreast of emerging evidence.
- I am aware that there is a range of approaches being taken internationally to prescribing of puberty blockers. I'm confident that the actions outlined by the Ministry will enable us to develop an approach that is appropriate for New Zealand.

Advice to young people

- The Ministry's advice to young people and whānau is:
"Anyone experiencing issues relating to their gender identity can access advice and support through their general practice team or other healthcare providers in the community."

Evidence brief findings and conclusions

- The evidence brief concluded that there is insufficient high-quality evidence to be able to provide definitive answers on the benefits and risks of puberty blockers in adolescents.
- I am pleased to see that the Ministry is taking steps to improve the evidence base that supports the prescribing of puberty blockers.

Who is doing what

- The Ministry has established an Expert Advisory group which will provide further independent advice in this area.
- The Ministry has taken the first steps in building a better evidence base including commissioning further research.
- The Ministry's evidence brief will inform work Health New Zealand has underway to update guidelines for clinicians.
- My role as Minister will be to ensure health agencies stay on task. I have been briefed on the Ministry's actions to date, and the actions they've committed to. I expect the Ministry to keep me updated on its progress.

Next steps

- The Ministry of Health has undertaken the following actions to support the safe and appropriate use of puberty blockers in the context of gender affirming care:

- The Director General of Health has set the expectation that puberty blockers are initiated by clinicians that have expertise in a relevant field and are part of an interdisciplinary team to ensure appropriate wrap-around support is provided to those seeking care and advice.
- The Ministry has called for new research to bolster the evidence around puberty blockers and their impacts. New Zealand-based research is required to determine the long-term physical and mental health and wellbeing impacts of puberty blockers in gender-dysphoric individuals. This will ensure better understanding of how many people access gender-affirming care, including the impact of this on the individual's physical and mental wellbeing.
- They have established an Expert Advisory Group to provide the Ministry with advice on gender affirming care on the use of puberty blockers.
- The Ministry has also assured me that it is working with Health New Zealand to improve both our data and our understanding of the provision of gender-affirming care.
- The Ministry will continue to monitor developments in overseas jurisdictions and will continue to seek expert advice that considers system wide issues relating to gender-affirming care.
- Health New Zealand is currently developing guidelines to support clinicians who provide gender affirming care to young people. This is expected to be complete in September 2024.

6. Draft media release

19 June 2024 – Media release - Evidence brief release

Prescribing guidance for puberty blockers tightened

The Ministry of Health has published its review of evidence on the long-term clinical and mental health impacts of medications used to delay the onset of puberty in adolescents.

An accompanying position statement on puberty blockers has also been published.

In response to the findings of the evidence brief, the position statement sets out tighter guidelines to New Zealand clinicians around prescribing puberty blockers in the gender affirming context.

Dr Joe Bourne, the Ministry's Chief Medical Officer, says clinicians who initiate puberty blockers are expected to 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.

"This will ensure that patients have full wrap-around support as part of the care they receive," says Dr Bourne.

"It is really important that New Zealanders have confidence in the effectiveness and safety of the care we provide to young Kiwis experiencing gender incongruence."

"Decisions around the use of puberty blockers are still best made by individuals and whānau/families in consultation with appropriate clinicians who are part of an interprofessional team."

The evidence brief itself found that there is insufficient high-quality and robust evidence to be able to provide definitive answers on the safety of puberty blockers in adolescents. The Ministry has commissioned research further boost the evidence base in the New Zealand context and will continue to monitor developments in overseas jurisdictions.

Dr Bourne says the New Zealand review demonstrates gaps in evidence around long-term safety in the gender space, and more research is needed.

"We anticipate that better international data, particularly about the longer-term effects of these treatments, is coming. New Zealand research, when available, will be very useful. In the meantime, we need to work from the most up-to-date evidence."

"Clinical conversations with young people and their families should reflect the lack of current robust evidence around the benefits and risks of puberty blockers," says Dr Bourne

Health New Zealand – Te Whatu Ora has already begun updating formal guidelines for clinicians providing gender-affirming care. These will be available later this year.

In the meantime, an External Advisory Group has been established to provide the Director-General of Health with independent advice on gender services in the short term.

Dr Anna Skinner, the Ministry's Clinical Chief Advisor for Primary Care, says health agencies take seriously their duty of care to all tamariki in New Zealand, including those experiencing gender incongruence.

"Puberty blockers will still be available for those who need them, says Dr Skinner."

"We recognise that for some young people, a decision to allow puberty to develop without interruption may have significant consequences later in life. The reverse may also be true."

"It is important to acknowledge that the provision of care in this space is much broader than the prescription of puberty-delaying medications. Young people experiencing gender dysphoria will have a variety of support needs including mental health and wellbeing. Psychological support is offered."

"Today's documents set a starting point for the future of clinical care for those having conversations with their patients about gender affirming treatment," says Dr Skinner.

ENDS

FAQ (to accompany media release)

Q: What are puberty blockers?

A: Puberty blockers, or GnRH analogues, can be used to delay puberty by suppressing oestrogen and testosterone. They can be prescribed by appropriately experienced clinicians to young people experiencing gender incongruence (where one's sex at birth does not match their gender identity), or gender dysphoria (where one's gender incongruence is causing distress).

Q: How broad was the scope of the evidence being studied?

A: The evidence brief surveyed over 4,000 papers from international and national literature published up until 30 September 2023.

Of these, 20 papers examining clinical outcomes met the criteria for inclusion in the Evidence Brief: 12 from the Netherlands, three from the UK, two from the United States of America, one from Israel, one from Belgium, and one from Canada.

A total of 10 studies investigating mental health outcomes met the criterial for inclusion in the evidence brief: five from the United States two from the United Kingdom, and one each from Australia, the Netherlands and Spain.

Q: What are the key findings?

A: The evidence brief found that the evidence supporting the safety and long-term impacts was limited and of poor quality. There have been no significant New Zealand studies in this field.

The lack of quality evidence means that the findings need to be considered with caution.

Some studies found that for those on puberty blockers, bone density is lower than expected for the individual's stage of development, when compared with other young people.

Organ systems are often affected by hormone medication. However, for those on puberty blockers, there was no evidence of any potential significant effect on renal or liver function, or fertility or onset of diabetes.

Q: What are the limitations of the evidence brief or the research it is based on?

Evidence about the impact of puberty blockers on clinical and mental health and wellbeing outcomes is scarce, with available evidence largely of poor quality.

No New Zealand studies met the criteria for inclusion in the evidence brief. It is based on international studies.

Further, there is a limited diversity of people – mostly European individuals from middleclass socioeconomic backgrounds.

Q: When are puberty blockers prescribed, and by whom?

A: Puberty blockers can be prescribed by clinicians once a transgender young person reaches puberty onset (Tanner stage 2) and would otherwise start to develop secondary sex characteristics (physical characteristics that differ between the sexes and emerge at puberty).

Puberty onset is established by clinical assessment of an individual. The age ranges for onset of puberty are wide across the population – approximately 8-14 years for females, and 10-15 in males.

When authorised prescribers first prescribe puberty blockers, they are expected to be working within their scope of practice – there is a clear expectation that the person is aware that the medication is being used for an unapproved use and that there is an informed conversation about the potential risks and benefits. Other countries, with similar medicine regulatory approaches to NZ, are in a similar position with prescribing medicines that are not approved for this purpose.'

Q: Are puberty blockers safe and reversible?

A: No medical treatment is entirely without risk.

The evidence brief concluded that there is not yet enough quality evidence to definitively assess the safety and reversibility of puberty blockers.

Clinicians will continue to provide careful advice on gender affirming options for individuals and their families, and subsequent interdisciplinary clinical follow-up and support.

Q: What happens next?

A: Clinicians can continue to provide the best and most appropriate advice and care to young people experiencing gender incongruence or gender dysphoria. In some cases that may mean prescribing puberty blockers to delay the onset of puberty.

The Director General of Health has set the expectation that puberty blockers are initiated by clinicians that have expertise in a relevant field, and are part of an interdisciplinary team to ensure appropriate wrap-around support is provided to those seeking care and advice.

The Ministry has called for new research to bolster the evidence around puberty blockers and their impacts. New Zealand-based research is required to determine the long-term physical and mental health and wellbeing impacts of puberty blockers in gender-dysphoric individuals.

This will ensure better understanding of how many people access gender-affirming care, including the impact of this on the individual's physical and mental wellbeing.

Health New Zealand – Te Whatu Ora is currently undergoing a process to update guidance for gender-affirming care, which will cover the use of puberty blockers.

The Ministry will continue to seek expert advice that considers system wide issues relating to gender-affirming care.

In the interim, a time-limited Expert Advisory Group has been established to provide the Ministry with advice on gender affirming care on the use of puberty blockers.

The Ministry will continue to monitor developments in overseas jurisdictions.

Q: How will Health NZ's guidelines be enforced?

A: The Ministry of Health is working with Health New Zealand to establish a clinical governance structure to enable active monitoring of prescribing practise, volume, and outliers. Peer review will continue to provide assurance that clinicians are working to the guidelines.

Puberty blockers evidence brief and position statement release

Purpose

This communications plan supports the release of the Ministry of Health's evidence brief and position statement. The evidence brief examines the impact of puberty blockers on clinical and mental health outcomes in gender-dysphoric adolescents. The position statement sets out the Ministry's advice to the sector about the use of puberty blockers.

Communication approach

The Ministry of Health will publish its position statement and evidence brief in the week of 11 November 2024 (TBC). This will include:

- Media release (to be sent to key media, including health media)
- Publication of the evidence brief and position statement on the Ministry of Health website.
- Following publication, we will also post a link to the media statement, evidence brief and position statement on the Ministry's social media channels.

Media

We expect high levels of media interest in this issue. We also know that key stakeholder groups are likely to respond quickly and will be speaking to media to express their views on the position statement.

We will have key spokespeople available for media interviews immediately following publication to help manage the accuracy around reporting of the position statement, evidence brief and next steps in relation to the consultation.

Dr Diana Sarfati, Director-General of Health

Dr Sarfati will be our primary spokesperson on the issue given its high-profile nature and the level of public interest.

Dr Joe Bourne, Chief Clinical Officer

Dr Bourne will be our spokesperson on clinical and the more technical aspects related to prescribing and care for gender-dysphoric adolescents.

Stakeholder engagement

Following the publishing of the evidence brief and position statement, the Ministry will consult with groups that are likely to be substantively affected by any potential regulation.

The consultation will run for four weeks across a number of online sessions with:

- Regulatory bodies (§ 9(2)(g)(ii) [REDACTED])
- Colleges (§ 9(2)(g)(ii) [REDACTED]
[REDACTED])

- Professional societies (s 9(2)(g)(ii))
- s 9(2)(g)(ii)
- Community group representatives (s 9(2)(g)(ii))

The Ministry will also consult with relevant government agencies, the Children's Commissioner, Health and Disability Commissioner, and the Human Rights Commissioner, as well as its Gender Identity Services Expert Advisory Group.

Given the high level of public interest that is expected the Ministry intends to make a survey available on its website (using CitizenSpace) for interested individuals and groups to share their views. Responses will be accepted over a longer period.

External engagement

At Health New Zealand, **Dr Sarah Clarke**, Clinical Director Primary and Community Care, has been updated on the Brief's progress throughout. HNZ's Starting Well team has provided guidance on the use of language and framing for our communications products.

Dr Joe Bourne has also spoken with **Dr Hilary Cass** in the UK to understand the new prescribing environment in England, following the release of her report into gender affirming services.

s 9(2)(g)(i)

We have also sought and been provided with feedback from the Children's Commissioner on the evidence brief and position statement.

International context

England and Scotland have limited the initiation of puberty blockers to young people enrolled in clinical trials. Finland, Norway and Sweden also limit initiation to clinical research settings or exceptional circumstances.

Other jurisdictions continue to permit the prescription of puberty blockers with varying levels of restriction and oversight. Clinical guidance in most countries now emphasises psychological and social treatments and supports as the most important health services for children and young people with gender dysphoria.

Cass Review communications approach

The Cass report was commissioned in 2020 by NHS England and NHS Improvement as an independent review chaired by paediatrician Dr Hilary Cass.

The final report was published on [The Cass Review](#) website on 10 April 2024, and supported by FAQs, including those that had been raised by members of the public.

NHS England responded to the final report within hours of the publication on 10 April 2024. It published a statement, and [a letter](#) it had written to Dr Cass thanking 'you and your team for stepping up to lead such a complex review'. This letter noted the work NHS had

undertaken since the interim report in 2022, and also set out its next steps for taking forward the recommendations.

Dr Cass led the media response, undertaking a number of media interviews following publication of the Review.

Health Secretary Victoria Atkins read [a statement](#) in the House of Commons on 15 April; this was published on the Department of Health and Social Care's [Youtube channel](#).

The report was endorsed by both the Conservative and Labour parties.

The Royal College of Psychiatrists published its detailed response on 22 April 2024.

Draft media release

Prescribing guidance for puberty blockers tightened

The Ministry of Health has published its review of evidence on the long-term clinical and mental health impacts of medicines used to delay the onset of puberty in adolescents with issues relating to their gender identity.

An accompanying position statement on puberty blockers has also been published.

Director-General of Health Dr Diana Sarfati says the review found that there is a lack of quality evidence on long-term benefits and the safety of these medicines in adolescents with gender dysphoria.

In response to the findings of the evidence brief, the position statement sets clear expectations for New Zealand clinicians prescribing puberty blockers in the gender-affirming context.

The Government is considering regulations to give additional force to the position statement and targeted consultation on possible regulations will begin later this month.

Dr Sarfati says clinicians who initiate puberty blockers will 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.

"This will ensure that patients can access the full range of support they need as part of their care," says Dr Sarfati.

"Health agencies take seriously their duty of care to all young people in New Zealand, including those experiencing gender incongruence.

"We know the majority of New Zealanders have confidence in the effectiveness and safety of the care provided in the health system. This underscores the importance of ensuring any care is based on the best available evidence and consistency in approach.

"Decisions around the use of puberty blockers are still best made by individuals and whānau/families in consultation with appropriate clinicians who have experience in this area and are part of an interprofessional team.

The evidence brief itself found that there is insufficient high-quality and robust evidence to be able to provide definitive answers on the safety and effectiveness of puberty blockers in adolescents. The Ministry will continue to monitor developments from overseas research and consider whether we can boost the evidence base in the New Zealand context.

Dr Joe Bourne, the Ministry's Chief Medical Officer, says the New Zealand review demonstrates gaps in evidence around long-term safety and effectiveness of these medicines when used in the gender identity space, with more research needed.

"Better international data, particularly about the longer-term effects of these treatments, will be coming but will take time. The Ministry will be commissioning research in this area shortly. This New Zealand research, when available, will be very useful. In the meantime, we need to put in safeguards that ensures that appropriate caution is exercised."

"Clinical conversations with young people and their families should reflect the lack of current robust evidence around the benefits and risks of puberty blockers," says Dr Bourne

Health New Zealand – Te Whatu Ora has commissioned updated guidelines for clinicians providing gender-affirming care. These are expected to be available in coming months.

In the meantime, an External Advisory Group has been established to provide the Director-General of Health with independent advice on gender services.

"Puberty blockers are still available for those who are at higher risk of poor outcomes through clinicians with expertise in this area and working within a multidisciplinary team – says Dr Bourne."

"We recognise the importance of access to appropriate healthcare services for all New Zealanders. We understand that any change to expectations of how those services are delivered including access to puberty blockers may cause concern. Young people should be reassured that the health system will continue to offer support, advice and care to all who present.

"It is important to acknowledge that the provision of care in this space is much broader than the prescription of puberty-delaying medications. Young people experiencing gender dysphoria will have a variety of support needs including mental health and wellbeing. Psychological support is offered.

"Today's documents set a starting point for the future of clinical care for those having conversations with their patients about gender-affirming treatment," says Dr Bourne.

ENDS

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FAQ (to accompany media release)

What are puberty blockers?

Puberty blockers, or GnRH analogues, can be used to delay puberty by suppressing oestrogen and testosterone. They can be prescribed by appropriately experienced clinicians to young people experiencing gender incongruence (where one's sex at birth does not match their gender identity), or gender dysphoria (where one's gender incongruence is causing distress).

How broad was the scope of the evidence being studied?

The evidence brief surveyed over 4,000 papers from international and national literature published up until 30 September 2023.

Of these, 20 papers examining clinical outcomes met the criteria for inclusion in the Evidence Brief: 12 from the Netherlands, three from the UK, two from the United States of America, one from Israel, one from Belgium, and one from Canada.

A total of 10 studies investigating mental health outcomes met the criterial for inclusion in the evidence brief: five from the United States two from the United Kingdom, and one each from Australia, the Netherlands and Spain.

An addendum to the evidence brief was developed covering from October 2023 to May 2024 which reviewed an additional 160 articles including the Cass Report.

What are the key findings?

The evidence brief found that the evidence supporting the effectiveness and safety was limited and of poor quality. There have been no significant New Zealand studies in this field.

Studies found that for those on puberty blockers, bone density is lower than expected for the individual's stage of development, when compared with other young people.

Organ systems are often affected by hormone medication. However, for those on puberty blockers, there was no evidence of any potential significant effect on renal or liver function, or fertility or onset of diabetes.

What are the limitations of the evidence brief or the research it is based on?

It has become clearer that evidence about the impact of puberty blockers on clinical and mental health and wellbeing outcomes is scarce and of poor quality.,

No New Zealand studies met the criteria for inclusion in the evidence brief. It is based on international studies.

Further, there is a limited diversity of people included in the studies.

When are puberty blockers prescribed, and by whom?

Currently, puberty blockers can be prescribed by clinicians as part of gender-affirming care once a young person reaches puberty onset (Tanner stage 2) and would otherwise start to

develop secondary sex characteristics (physical characteristics that differ between the sexes and emerge at puberty).

Puberty onset is established by clinical assessment of an individual. The age ranges for onset of puberty are wide across the population – approximately 8-14 years for females, and 10-15 years in males.

When authorised prescribers first prescribe puberty blockers, they are expected to be working within their scope of practice – there is a clear expectation that the patient is aware that the medication is being used for an unapproved use and that there is an informed conversation about the potential risks and benefits.

Are puberty blockers safe and reversible?

The evidence brief concluded that there is not yet enough quality evidence to definitively assess the safety and reversibility of puberty blockers.

Clinicians will continue to provide careful advice on gender affirming options for individuals and their families, and subsequent interprofessional clinical follow-up and support. Note that no medical treatment is entirely without risk.

What happens next?

A more precautionary approach to prescribing is now in place as set out in the position statement. The Ministry of Health will be consulting on additional safeguards, including whether to make regulations.

Clinicians can continue to provide the most appropriate advice and care to young people experiencing gender incongruence or gender dysphoria. Where there is a significant risk of poor outcome and where clinicians meet the requirements set out in the position statement, that may mean prescribing puberty blockers for gender dysphoria.

The Director-General of Health has set the expectation that puberty blockers are initiated by clinicians that have expertise in this area, and are part of an interdisciplinary team to ensure appropriate support is provided to those seeking care and advice.

Over time we expect there will be a clearer understanding of gender-affirming care, including the impact of treatment and care have on the individual's physical and mental wellbeing including the use of puberty blockers.

Health New Zealand – Te Whatu Ora has commissioned updated clinical guidance for gender-affirming care, which will cover the use of puberty blockers, expected to be available in current months.

The Ministry will continue to seek expert advice that considers system wide issues relating to gender-affirming care.

An Expert Advisory Group has been established to provide the Ministry with advice on gender affirming care.

The Ministry will continue to monitor developments in overseas jurisdictions.

How will Health NZ's guidelines be enforced?

The Ministry of Health is working with Health New Zealand to establish a clinical governance structure to enable active monitoring of all aspects of gender identity services including prescribing of puberty blockers. Peer review will continue to provide assurance that clinicians are working to the guidelines.

Why was the release of the position statement and evidence brief delayed?

This is a complex area and the Ministry has taken the time needed to ensure that our response is appropriate for the New Zealand context.

There have been significant new publications internationally relating to puberty blockers that needed to be considered and we are continuing to monitor developments overseas, including any new emerging evidence.

The position statement and evidence brief were important considerations in the Ministry's advice and recommendations about next steps and additional safeguards provided to Ministers.

What were the studies being considered or the additional work requiring active consideration by the Ministry of Health?

The Evidence Brief included articles and studies up until 30 September 2023. In the eight months from then to May 2024, an additional 160 articles, including the final Cass Report, were published. These articles have since been screened by the Ministry and those deemed eligible have been included in an addendum to the Evidence Brief.

The Cass Review, published in April 2024, is a comprehensive 388 review, which was accompanied by nine studies, eight of which were systematic reviews of evidence supporting the Cass Review's recommendations.

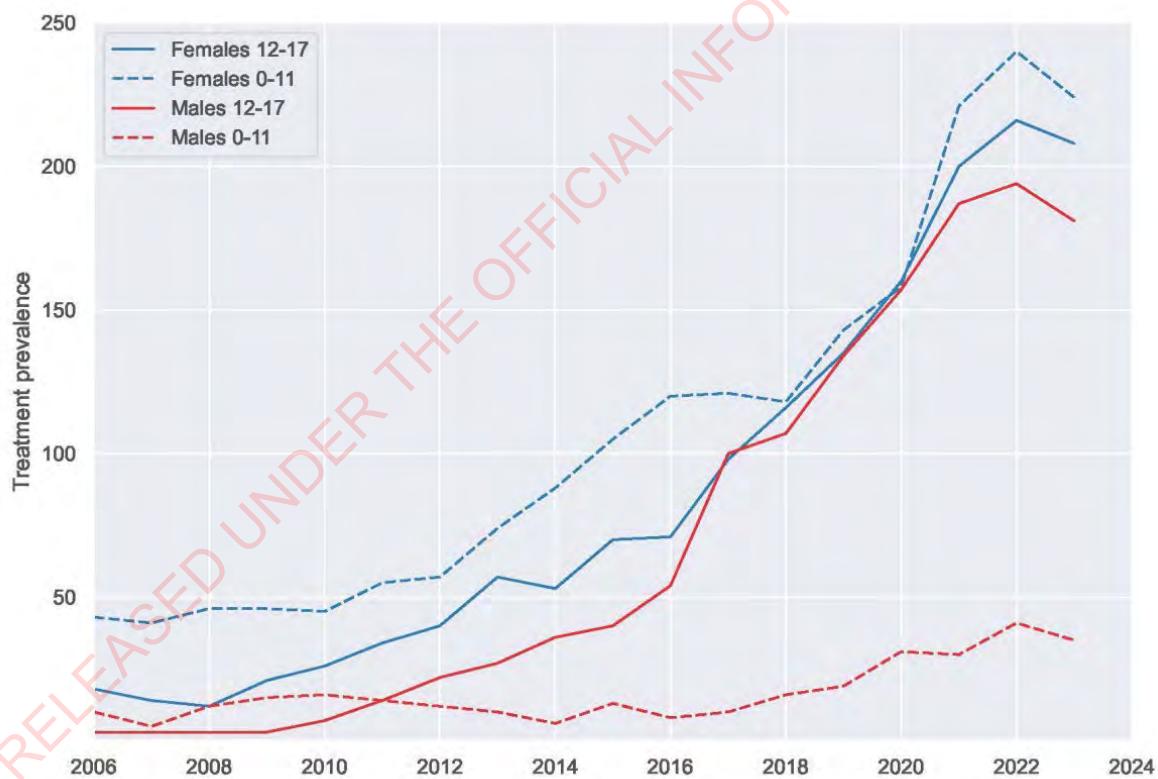
The Cass Review prompted a change to prescribing in substantive parts of the UK. Both the review itself, and other studies in the evidence brief have been actively considered by the Ministry as part of the release of the Evidence Brief and Position Statement.

Document title: Regulatory Impact Statement: Safe-guarding the use of puberty blockers in young people with gender-related health needs. 9 October 2024.

Extract:

11. Medicine dispensing data shows sustained growth in use of GnRHAs for children and young people since around 2010, although the most recent data suggest a drop in the last year (in 2022, between two and three young people per thousand started on this treatment during their adolescence). The reason for the recent drop in prescribing may be related to increased awareness among clinicians about the risks and benefits of puberty blockers, although it is not possible to attribute a cause at this stage or assess whether the decline may reflect a temporary or longer-lasting change to prescribing.
12. **Figure 1** shows the number of young people prescribed GnRHa each year, however this does not show the reasons for having these medicines prescribed (meaning that some of the prescribing will reflect use for other indications, such as endometriosis and precocious puberty).

Figure 1: Number of people aged <18 prescribed GnRHa each year by age group and recorded sex/gender, in New Zealand



Source: Paul, C., Tegg, S., & Donovan, S. (2024). Use of puberty-blocking hormones for gender dysphoria in New Zealand: descriptive analysis and international comparisons. *The New Zealand Medical Journal*, 137(1603), 79–88. <https://doi.org/10.26635/6965.6587>