

Equity and access to health care Alcohol and Other Drugs (AOD) Peak Peer Position Statement

QuIVAA, QuIHN and QNADA are deeply concerned that the Queensland Government decision to enforce a statewide 'halt' all gender affirming hormone care including puberty blockers for under 18s will increase the risk of self harm and problems with substance use. Our peak and peer AOD organisations do not support this decision and strongly urge the Government to reverse this decision.

While the majority of trans and gender diverse young people who use substances do not experience problematic useⁱ, for those that do, and this can be attributed to experiencesⁱⁱ like:

- Delays and waitlists for accessing gender affirming care
- Family and domestic violence
- Stigma and discrimination in interactions with others (including accessing health services, educational institutions and workplaces)

This ban will disproportionately affect young people and families who cannot access this support via the private sector and increases the risk young people will obtain unregulated forms of medication. This has potential flow on effects including criminalisation, poor health outcomes or other health issues due to not having appropriate medical care or monitoring or having safe injecting or dosing knowledge.

It is well evidenced that young trans and gender diverse people experience significantly higher rates of psychological distress, suicidal ideation and attempts and self-harmⁱⁱⁱ. Further to this, the current mental health services for young people are under resourced, understaffed and unable to meet the needs of trans and gender diverse young people. The figures below from the Writing Themselves in 4: National Report^{iv} shows experiences of suicidal ideation, planning and attempts by gender as well as, experiences of self-harm by gender.

Figure 1. Suicidal ideation, planning and attempts ever, by gender^v

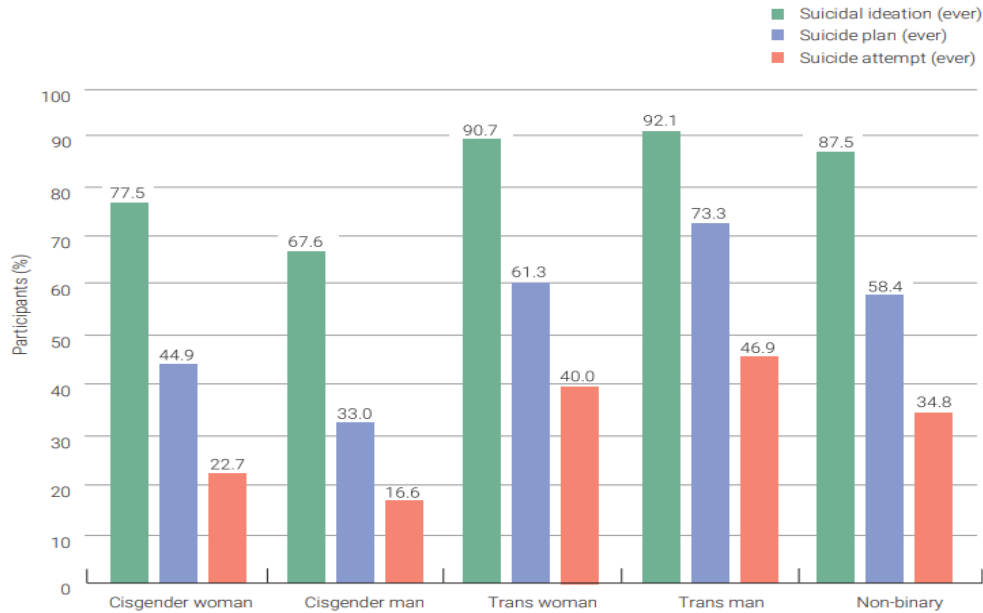
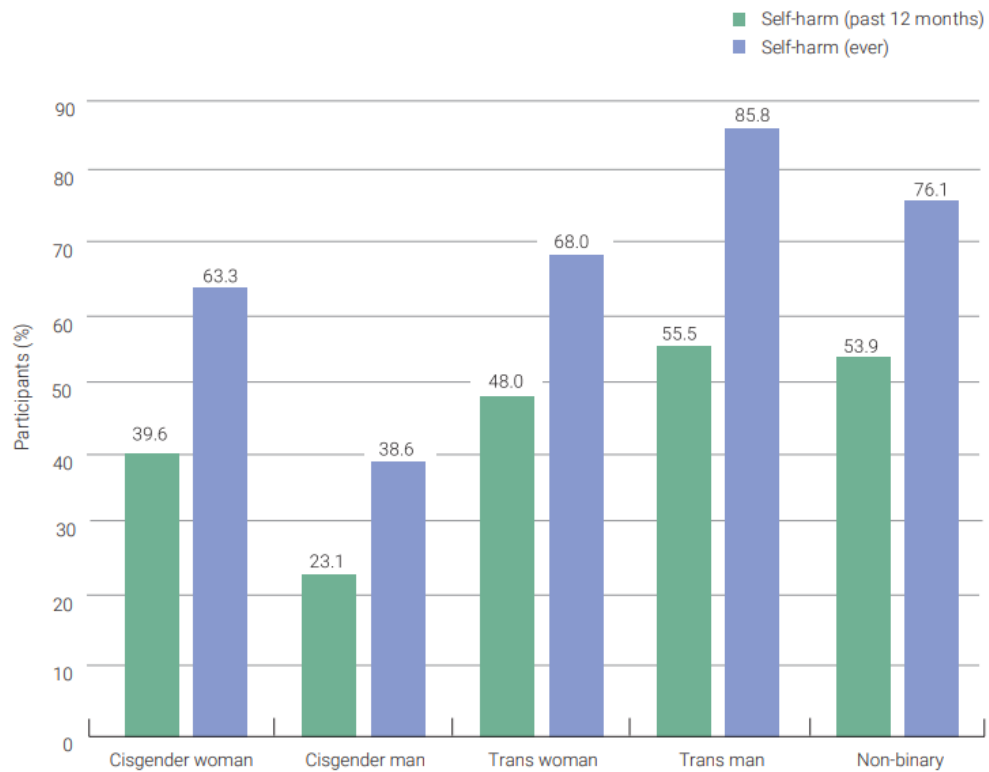


Figure 2. Experienced self-harm in the past 12 months and ever, by gender^{vi}



ACON's digital information and resource platform for trans and gender diverse people 'TransHub'^{vii} identifies medical affirmation to be and include "with the help of doctors or health professionals, including taking some form of hormones such as estrogen, testosterone, or progesterone, or puberty blockers".

"The 'Gender Affirming' model of healthcare is about recognising and acknowledging that trans people tell the truth about who we are. Unfortunately, this approach to care is sometimes wilfully misconstrued as meaning an immediate race to hormones and surgery for all trans people, particularly young people. The reality is very different though with many trans people reporting significant barriers to accessing this medically necessary healthcare.

For trans young people, gender affirmation means being able to socially affirm their gender (with name, pronoun and expression), medical intervention for pre-pubertal trans young people does not occur in Australia".^{viii}

The Queensland Human Rights Commission has stated that "this disproportionate response will impose severe limitations on the rights of children to access health services without discrimination".



To our communities:

Because our organisations work to address the effects of stigma and discrimination, we are keenly attuned to the acute implications of this ban. We know that stigma and discrimination increase significantly depending on where people live, and where they are situated along lines of age, ability, culture, and socio-economic position, if they have a diagnosis or a prescription or do not: stigma emerges at the intersections of structural inequalities^{ix}. Stigma also causes huge increase in the vulnerabilities of individuals marginalised by systems^x: it impacts social and emotional wellbeing and increases the divide in access to housing, education, employment and liberties.

The erasure of lived – living experience in the ban on gender affirming care demonstrates disregard not only for the health and well-being of targeted parts of community, but the agency and resourcefulness of communities denied treatment. We observe frequently that where access is restricted or stigma is a barrier, those affected seek alternatives outside of regulated markets. We recognize the potential harmful routes to obtain medication and HRT creates not only health risks but exacerbates the potential for criminalisation. It also puts unnecessary pressure on community networks and informal care providers. We have a responsibility to advocate for harm reduction strategies and resources to ensure safe practices during this time of restricted access and will update these regularly through peer harm reduction expertise. We continue to do this, as we have done in developing our response, with and for community.

ⁱ Bailey S, Lin A, Cook A, Winter S, Watson V, Wright-Toussaint D, et al. Substance use among trans and gender diverse young people in Australia: Patterns, correlates and motivations. *Drug Alcohol Rev.* 2024; 43(7): 1940–1953. <https://doi.org/10.1111/dar.13915>

ⁱⁱ Bailey S, Lin A, Cook A, Winter S, Watson V, Wright-Toussaint D, et al. Substance use among trans and gender diverse young people in Australia: Patterns, correlates and motivations. *Drug Alcohol Rev.* 2024; 43(7): 1940–1953. <https://doi.org/10.1111/dar.13915>

ⁱⁱⁱ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

^{iv} Bailey S, Lin A, Cook A, Winter S, Watson V, Wright-Toussaint D, et al. Substance use among trans and gender diverse young people in Australia: Patterns, correlates and motivations. *Drug Alcohol Rev.* 2024; 43(7): 1940–1953. <https://doi.org/10.1111/dar.13915>

^v Bailey S, Lin A, Cook A, Winter S, Watson V, Wright-Toussaint D, et al. Substance use among trans and gender diverse young people in Australia: Patterns, correlates and motivations. *Drug Alcohol Rev.* 2024; 43(7): 1940–1953. <https://doi.org/10.1111/dar.13915>

^{vi} Bailey S, Lin A, Cook A, Winter S, Watson V, Wright-Toussaint D, et al. Substance use among trans and gender diverse young people in Australia: Patterns, correlates and motivations. *Drug Alcohol Rev.* 2024; 43(7): 1940–1953. <https://doi.org/10.1111/dar.13915>

^{vii} <https://www.transhub.org.au/101/gender-affirmation>

^{viii} <https://www.transhub.org.au/101/gender-affirmation>

^{ix} Friedman, J., Syvertsen, J. L., Bourgois, P., Bui, A., Beletsky, L., & Pollini, R. (2021). Intersectional structural vulnerability to abusive policing among people who inject drugs: a mixed methods assessment in California's central Valley. *International Journal of Drug Policy*, 87, 102981.

^x Piatkowski, T. & Kill, E. (2024). A collaborative approach to understanding intersections of practice and policy for Peers in the alcohol and other drug sector. *International Journal of Environmental Research and Public Health*. 21(9). 1152