

Written Ministerial Statement

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Department of Health

THE INTRODUCTION OF A UK-WIDE STATUTORY INSTRUMENT TO RESTRICT THE SUPPLY OF GENDER DYSPHORIA MEDICINES

Published on Friday 23 August 2024.

Mr Nesbitt (The Minister of Health): I am writing to inform members that Northern Ireland is now included in the UK Government's temporary ban on the private sale and supply of puberty-suppressing hormones, known as "puberty blockers" in light of the findings of the Cass Review and in order to close any potential loopholes that could be exploited by not aligning Northern Ireland with Great Britain and having a UK-wide legislative approach on this matter.

The Cass Review found that there is not a reliable evidence-base upon which to make clinical decisions about the use of "puberty blockers" to treat gender dysphoria/incongruence, or for children and their families to make informed choices. The Cass Review concluded that because of the limited evidence, and potential risks to patient safety with regards neurocognitive development, psychosexual development and longer-term bone health, these medicines should only be offered for this purpose under a research protocol.

The UK-Wide Statutory Instrument entitled "[The Medicines \(Gonadotrophin-Releasing Hormone Analogues\) \(Emergency Prohibition\) \(Extension\) Order 2024](#)" was laid in UK parliament on 22 August 2024 under Section 62 of the Medicines Act 1968 via the negative resolution procedure. These restrictions for Northern Ireland will take effect from 27th August 2024 and will last for 3 months and cease at the end of 26th November 2024.

As this decision required Executive approval, my Department and I have been keeping Ministerial colleagues updated on this matter for some time. Earlier this week, noting the impending legislative deadline, I requested an Executive decision be taken under the Urgent Procedure process in relation to Gender Dysphoria Medicines.

The safety of patients is paramount, and my Department will continue to work with the Department of Health and Social Care in England and the other UK administrations to consider the development and implementation of a permanent solution to this issue which will require consultation. Any permanent proposals arising from consultation will of course be brought to the Executive for its agreement.