

# ACCESSING ILLEGAL HORMONES

## *background, significance & access*

Around the world, the social, legal and economical barriers to accessing hormones through a doctor as a transgender person is significant, leading to many people turning to other means of accessing these essential hormones. One in four trans women self-prescribe cross-sex hormones before every attending gender clinics. This is a major concern as self-prescribing without medical advice leaves individuals without the knowledge required to minimize health risks.



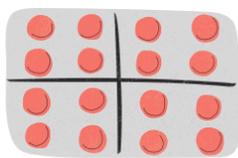
### Gender Dysphoria

Gender dysphoria is something transgender and non-binary people experience when they distress over how their bodies relate to their gender identity. Gender identity is deeply personal, and hormones can be medically necessary, they aren't just cosmetic, as transitioning saves lives. To treat gender dysphoria, some trans and non-binary people use sex hormones.



### Hormone Treatment

Trans women usually take estrogen with the testosterone-blocker spironolactone (through daily pill, injection or as a patch), which redistribute body fat, spur breast growth, decrease muscle mass, slow body hair growth and shrink the testicles. Trans men and non-binary people who wish to look more traditionally masculine use testosterone (usually through injection but also through a daily cream, gel, or patch). Testosterone therapy redistributes body fat, boosts body hair growth, deepens the voice, increases strength and libido, makes the clitoris larger and stops menstruation.



### DIY Hormone Treatment

When hormones for transitioning are not accessible, many trans folk start or extend their hormone use by turning to drugs that aren't meant for transitioning, such as birth control pills and some buy hormones online. People have to turn to the internet to research about their dosages, through academic literature, technical standards written for health care providers, or advice from blog posts and public forums such as reddit.



### The Statistics

There is very limited research on DIY hormone treatment, but the available research suggests that it is pretty common, and researchers may also be underestimating the prevalence of DIY hormone use because they miss out on collecting data from people who completely avoid the medical system.

- In 2013, a study found that in Canada, 1/4 of trans people on hormones had self-medicated, in a study in the U.K. in 2014, it was found that 17% of trans people were already taking hormones that they bought online or from a friend at the time of their first gender clinic visit.

In a study on gender clinic referrals cross-sex hormone use was present in 23% of the referrals, with 70% of those having sourced them from the internet. It was also found that cross-sex hormone users who accessed their hormones through doctors were more aware of the side effects that those who have accessed them through other sources.



### Why Turn to DIY Hormone Treatment

Where hormone treatment is available through health care systems, trans people are often wary of accessing them this way. A study in 2015 in the U.S. showed that a 1/3 of trans people who saw a healthcare provider were mistreated, because of the health care provider not understanding transgender issues and being refused medical treatment to experiencing verbal abuse. Also, where there are the rare trans-friendly health care providers, booking an appointment can take many weeks. In England the average wait time from the referral to the 1st appointment is 18 months. Lack of insurance and funds is also a huge barrier to accessing hormones.

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*risks & recommendations*



## The Risks

There are already health risks to hormone treatment, even when being supervised by a doctor and advised on dosages.

For people taking testosterone, there is an increased chance of suffering from acne, headaches and migraines, anger and irritability. Testosterone can also lead to blood clotting.

Estrogen can increase the risk for breast cancer, stroke, gallstones, blood clots, and heart issues. Even testosterone-blockers can cause weakening to the kidneys and dehydration.



## Recommendations

- It is essential that these risks are mitigated by having adequate access to trained medical providers. There are few specialists in hormone treatment for trans people, but general practitioners should be trained to fill this gap. They already sign off on hormone medications for cisgender people for birth control and other conditions requiring hormones - which all come with similar side effects and warnings as when trans people use them.
- We must push for Universal Health Coverage, to ensure these essential medications are accessible in financial terms also, with health insurance for all.
- There needs to be efforts made to improve access and quality of services provided to trans people, reducing the levels of fear and mistrust experienced by those seeking care from health care professionals. Providers must be responsive to and educated on the needs of trans people, promoting a trans-friendly environment in health care settings, become knowledgeable about medical and social needs of trans patients, and only deny services that could be provided to trans people in the case of solid evidence of medical risk or inability to consent.

### Sources:

1. <https://undark.org/2020/06/29/transgender-diy-treatments/>
2. [https://www.jsm.jsexmed.org/article/S1743-6095\(15\)30619-6/fulltext](https://www.jsm.jsexmed.org/article/S1743-6095(15)30619-6/fulltext)
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780733/>

