Written by **Michael Tennant** on June 16, 2022

Letting Kids Get Transgender Drugs May Increase Their Suicide Chances, Study Says

A new Heritage Foundation study strongly suggests that making it easier for minors to get puberty blockers and cross-sex hormones does not reduce youth suicide rates and may, in fact, increase them.

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Proponents of treating children with gender dysphoria by giving them drugs and hormones so that they will develop characteristics of the opposite sex claim that doing so improves those kids' mental well-being and thus makes them less likely to commit suicide. Therefore, they recommend making it possible for minors to access such treatments without parental consent.

"The claim that puberty blockers and cross-sex hormones prevent suicides is being used by the Biden administration and state policymakers to ease access to those drugs," Heritage Foundation senior research fellow Jay Greene told the Daily Wire. "As it turns out, the science behind that claim is extremely weak and when the evidence is examined properly, it shows that making cross-sex treatments more widely available risks raising youth suicide rates rather than reducing them."

In his report, Greene points out, "The effects of puberty blockers and cross-sex hormones as a medical intervention for adolescents who identify as transgender have never been subjected to a large-scale randomized controlled trial (RCT), like the kind that is typically required for approval of new medications." Doctors simply started prescribing such treatments in recent years, and the few after-the-fact studies that have been conducted "are unable to determine with confidence whether any relationships between receiving these drugs and later health outcomes are causal."

Thus, Greene decided to conduct his own study. Realizing that, under provisions enacted long before the transgenderism craze, some states allow minors to make healthcare decisions without their parents' consent and some do not, he decided to compare youth suicide rates in the two types of states.

Specifically, Greene analyzed suicide rates among individuals aged 12 to 23 between 1999 and 2020. "The analysis," he explains, "focuses on this age range because it encompasses a consistent age group of those who could have entered puberty between 2010 and 2020 when puberty blockers and cross-sex hormones became available as a gender-related treatment in the United States."

The results of his research:

> In the past several years, the suicide rate among those ages 12 to 23 has become significantly *higher* in states that have a provision that allows minors to receive routine health care without parental consent than in states without such a provision. Before 2010, these two groups of states did not differ in their youth suicide rates. Starting in 2010, when puberty blockers and cross-sex hormones became widely available, elevated suicide rates in

> states where minors can more easily access those medical interventions became observable. [Emphasis in original.]

Greene found that suicide rates among this age group really took off "around 2016, after cross-sex medical interventions became more common" — but, again, only in those states that let minors get healthcare without parental consent. "By 2020, there are about 3.5 more suicides per 100,000 people ages 12 to 23 in states with easier access than in states without an access provision." Even adjusting for each state's baseline suicide rate, there were still 1.6 more suicides per 100,000 by 2020 in states with access provisions than in those without.

Greene writes:

> The timing of the increase in suicide rates only among young people [he found no corresponding change in suicide rates for 28-to-39-year-olds], only after puberty blockers and cross-sex hormones are introduced and used widely, and only in states where minors could access those medical interventions without parental consent raises serious concerns about their effects on suicide risks….
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> To believe that easier access to puberty blockers and cross-sex hormones are not the cause of elevated suicide risk in those states, one would have to be able to imagine other medical interventions that only became widely available after 2010 and would only affect young people. The lack of theoretically plausible alternatives strengthens the case for concluding that cross-sex medical interventions are the cause of the observed increase in suicide among young people.

Greene recommends that states "consider revisiting" their minor-access policies and even "tighten the criteria for receiving these interventions." He also calls on states to repeal policies that "undermine" the parent-child relationship because, as all adults once recognized, "children are better off if they are not allowed to make major life decisions without their parents' involvement and permission."