

Briefing Note: **Medications needed by trans and intersex people**

Prepared by ILGA-Europe

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The ongoing crisis in Ukraine has resulted in need for immediate action to address the needs both of a significant population of Ukrainians fleeing the fighting as well as for those who are staying in Ukraine. Within both of these populations, trans and intersex people can be found, and their unique healthcare needs must be taken into account in the humanitarian responses. The purpose of this briefing is to describe the medical needs most common among trans and intersex people, including the medications that they will need, and to document emerging issues in Ukraine and surrounding countries on these issues.

Presently, there are no hormones available within Ukraine – many trans organisations and groups are requesting packages of hormones to be shipped to different cities from surrounding countries. This is currently being managed on an ad hoc basis, with shipments organised by NGOs in neighbouring countries. The process is however complex and expensive – it requires that NGOs get prescriptions, fill those prescriptions, pay for medication out-of-pocket, and independently arrange transport into Ukraine.

Intersex individuals are heavily impacted by stigma and isolation, and so intersex individuals within Ukraine are frequently not out about their conditions or connected to NGOs.

Furthermore, trans and intersex refugees fleeing the crisis may run into two specific problems:

1. pre-existing stockouts and shortages of medications in reception countries; and
2. bureaucratic processes for accessing transition-related medicines that lead to gaps in treatment.

Firstly, many countries surrounding Ukraine have pre-existing shortages of hormones, most specifically injectable hormones. These shortages will be exacerbated with the influx of Ukrainian trans and intersex people. It is vital to top up stock in surrounding countries both to ensure that Ukrainian trans and intersex people as well as local residents in reception countries can continue to access treatment.

Secondly, in many European countries, accessing transition-related medical care is a long process involving assessment and waiting times for intake. For trans and intersex refugees, this could mean periods where they must stop ongoing care while waiting to be seen in the reception country. It is important to consider creating alternative pathways for those already taking hormone therapies to avoid these gaps.

Increasingly restrictive government policies and the war are also heavily impacting on the LGBTI community in Belarus and Russia, with many people leaving or trying to leave these countries as well. Due to visa requirements and thus limited possibilities to seek safety, many seek refuge in countries such as Kazakhstan, Kyrgyzstan, and Georgia. The situation for trans people in those countries is often already difficult, and transition-related healthcare has a high barrier for access. Hormone shortages are expected and there will likely be a need to support access to medication in those countries in the near future.

Recommendations

- Ensure that transition-related hormones and intersex-specific medications are included in humanitarian aid shipments and are easily accessible within Ukraine upon arrival.
- Address stockouts and shortages in reception countries for refugees.
- Simplify access to hormones and medicines for those already under treatment upon arrival in reception countries.

Assessing the needs

Population estimates put intersex people at 1.7% of the general population, and trans people at 0.9%¹. In the context of the mass displacement in Ukraine, this represents tens of thousands of people potentially in need of specific medicines. Extrapolating population data collected in the Netherlands², this means there are at least 120,000 Ukrainians who need estrogens and anti-androgens, and 47,000 Ukrainians who need testosterone. ILGA-Europe is in close contact with LGBTI organisations across Ukraine to assess needs and the locations of trans and intersex people in Ukraine. Considering the situation, however, exact information is very hard to get and changes on a day-to-day basis.

What medication do trans and intersex people need urgently

The most prevalent need among these two populations is hormones. This includes:

- *Estrogens*: estradiol gel (Divigel in UA), estradiol hemihydrate (Lenzetto in UA), estradiol valerate (Proginova in UA), ethinyl estradiol (Janine in UA), 17 β -oestradiol (Femoston in UA), progestin (Proluton in UA)
- *Testosterones*: testosterone enanthate, testosterone propionate/testosterone phenylpropionate/testosterone isocaproate/testosterone caproate (Omnadren in UA), testosterone undecanoate (Nebido in UA), topical testosterone
- *Anti-androgens / testosterone blockers*: cyproterone acetate (Androcur in UA), spironolactone, bicalutamide (Casodex in UA)

Cessation of these medications can result in psychological and physical consequences, including depression, anxiety, suicidality, wide hormonal swings and increase potential risks for cancers.

Additionally, different intersex conditions result in additional medication needs, such as:

Adrenal supplements: prasterone

Corticosteroids: fludrocortisone, hydrocortisone sodium succinate, mineralocorticoids

Glucocorticoids: dexamethasone

Hormones, steroids, steroid hormones: hydrocortisone, prednisolone, dehydroepiandrosterone, progesterone, progestin, ovestin, growth hormone

Bone health support: Vitamin D3, calcium, bisphosphonates

Thyroid medications: levothyroxine, potassium iodate

Other: sodium chloride, insulin (NovoRapid, Apidra, Tresiba, Lantus, Humalog, Lyspro), blood pressure medications, diuretics, beta-blockers, carvedilol, angiotensin receptor blockers

Cessation of these medications can result in a variety of physical consequences, including pain, inflammation, adrenal crisis, high blood pressure, heart failure, and others. Glucocorticoids could be needed for up to 1% of the population or around 435,000 people, corticosteroids by 8,700 people, hormones, steroids, and steroid hormones by 8,700 people. Additionally, intersex people in particular can have elevated risk of gonadal cancers, which close management of treatments as well as regular (sometimes as often as every 3 months) screenings are vital for.

Finally, trans and intersex people frequently, as a result of systemic marginalisation and trauma, suffer from mental health conditions. As a result, mental health medications are particularly needed by these communities, including: Chlorpromazine (Thorazine), Fluphenazine (Prolixin) (Modifen), Haloperidol (Haldol), Perphenazine (Trilafon), Quetiapine (Seroquel)

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¹ Kuyper, Lisette & Wijnen, Ciel. (2013). Gender Identities and Gender Dysphoria in the Netherlands. Archives of sexual behavior. 43. 10.1007/s10508-013-0140-y.

² Ibid.