

**Submission
No 6**

SENTENCING OF CHILD SEXUAL ASSAULT OFFENDERS

Name: Mr Andrew Tink AM
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Mr Troy Grant MP
Chair
Joint Select Committee on Sentencing of Child Sexual Assault Offenders
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mr Grant,

I refer to paragraph (1)(b) of your terms of reference and in particular to alternative sentencing options, 'including but not limited to...anti-androgenic medication'.

As I am being treated with the anti-androgen, Cosudex, and also with the androgen deprivation medicine, Zoladex, I would like to tell my story to illustrate what I believe these drugs offer in the sentencing of sex offenders.

After being diagnosed with locally advanced prostate cancer in April 2009, I was prescribed Zoladex in the form of a slow release pellet, which my GP administers by way of a subcutaneous injection to the abdominal wall, once every three months. Apart from a momentary sting, this injection is free of discomfort.

Simply put, my prostate cells 'feed' on testosterone and the Zoladex injections reduce my testosterone production. One side effect is that my sex drive is totally suppressed. It's as if the switch in my brain which governs my libido has been turned off. As the doctors say, it amounts to chemical castration; impotence is guaranteed.

Side effects also include tiredness, reduced bone density and hot flushes. But with good diet, exercise and other drugs, these are manageable. Literally tens of thousands of Australian men are regularly receiving Zoladex injections for prostate cancer and apart from such side effects, they are able to lead normal lives, as I do.

My drug induced impotence is reversible in the sense that if the injections were stopped, my sex drive would return. The down side is that my prostate cancer would then spread at a much faster rate. Zoladex is helping me to live longer.

In the case of sex offenders, Zoladex injections would eliminate the desire for deviant sexual gratification. Importantly for sentencing purposes, those who receive these injections do not become resistant to Zoladex's side effects. And simple random blood tests would deter and reveal any attempt to dig the subcutaneous implant out with a knife.

While people on Zoladex do not become immune to its side effects, some prostate cancer cells for one reason or another become resistant to it over time. And after four years of subcutaneous injections, I now have what the doctors call castrate resistant prostate cancer. So while I continue to take Zoladex because it still deals effectively with most of the cancer cells, I now have to take additional medicine to hold the Zoladex resistant cells at bay for as long as possible.

This extra drug, in the form of a daily pill taken orally, is the anti-androgenic medicine, Cosudex. It operates quite differently to Zoladex. And importantly for your inquiry, does not of itself have much impact on sex drive.

So to sum up, I believe that androgen deprivation drugs like Zoladex could be used as part of a sentencing regime for sex offenders while anti-androgenic medicines like Cosudex offer little in that context.

In thinking about whether I should tell my story, which reveals deeply personal and private information, my wife and I believe that the potential of Zoladex in the sentencing of sex offenders is such that on balance I should step up. While I don't pretend to be an expert witness, I do know something of the effects of these drugs from personal experience and from talks with my GP, my urologist and my oncologist.

My most important message is that when weighed against the horrific suffering child sex offenders cause their victims, the suffering such offenders would face after being injected with Zoladex as part of a sentencing regime is minimal.

And I am quite prepared to appear before you to give evidence to this effect in public session.

Yours sincerely,

Andrew Tink AM.