Advisory Committee on Bioethics

Opinion no. 39 of December 18th 2006 on hormonal treatment of sex offenders

Request for opinion of October 13th 2006,
from Mrs. L. Onkelinx, Minister of Justice,
on hormonal treatment of sex offenders

A. Request for opinion

Madam Minister Laurette Onkelinx asked the following question in her letter of October 13th 2006 (our translation):

"*Within the framework of the treatment and follow-up of sexual delinquents, sometimes antihormonal treatments are administered during detention and usually during the detainee's first days out of prison.*

Expert opinions are divided on the use of this medication.

Literature mentions numerous, sometimes heavy, side effects.

At the moment the prescription of this medication is logically left to the judgement of each doctor.

However, I'm questioned about the advisability of creating a climate which would facilitate such prescriptions.

I therefore take the liberty of asking the opinion of the Advisory Committee on Bioethics on the use of this medication with sex offenders."

B. The irreversible hormonal medical treatment of sex offenders

The members of the Advisory Committee assume that the Minister refers to the reversible hormonal medical treatment of sex offenders which reduces the sex drive considerably and produces very low recidivism rates. Surgical castration can no longer be an option for this indication since medication is available producing similar results.[1]

In this short opinion the Advisory Committee restrict themselves to the ethical aspects related to the use of hormonal medication in the context of judicial coercion. The Advisory Committee did not investigate the legal framework of this treatment. To take the decision and to carry out the hormonal treatment are both medical decisions. They can be part of a treatment enforced by a judge who usually doesn't decide on the specific contents of the prescribed treatment.

The scientific evidence for a hormonal treatment with male sexual aggressors is based on the two following facts. On the one hand the sexual behaviour (libido, sexual drive and fantasies) is, to some extent, related to a sufficient amount of testosterone in the blood. On the other hand the results of post-castration research on sexual aggressors indicate exceptionally low recidivism rates. In men there is no linear connection between the concentration of testosterone in the blood and normal or deviant sexual behaviour. However, the reduction of the testosterone levels in the blood to prepuberty levels, clearly and constantly reduces the sexual drive and fantasies. The antiandrogen medications (Androcur®, cyproterone acetate[2] and Depo-Provera®, medroxyprogesterone acetate[3])

[1] Surgical castration is not performed in Belgium for sex offenders.

[2] Cyproterone acetate is the only drug which is refunded in Belgium for this indication. It is sold exclusively in tablet form (50 milligram). The intramuscular depot form is not available on the Belgian market.

and the more recently developed LHRH analogues[4] are all effective due to the reduction of the testosterone levels in the blood.[5] The effects of this medication are reversible.

Surgical castration as well as the above medications cause an androgen shortage of which the effects are well-known. Side effects are hot flushes, a reduction of erections and orgasms, a decrease of the sperm quality, osteoporosis, depression, gynaecomasty and possibly weight gain. Androcur is said to be hepato-toxic and Depo-Provera causes thrombo-embolisms. The LHRH analogues have a more favourable side effects profile.

C. Conditions to be observed

The members of the Advisory Committee agreed that, from an ethical point of view, the following conditions must be observed when prescribing a hormonal treatment to sex offenders.

1. Sex offenders are a heterogeneous population and a hormonal treatment is only advisable for a limited number of them. A reduction of the sex drive is not advisable for all of them. Sexual delinquent behaviour is determined by many factors and the indication of hormonal treatment must be based on a thorough psychiatric, psychological and criminological evaluation. Sex offenders must show a well-determined psychiatric disorder which justifies this medication.
2. A hormonal treatment must be part of a more detailed treatment programme which, in addition to the psychiatric, also considers the psychological and social aspects. This comprehensive treatment programme must be written down in the patient's file. Hormonal treatment cannot be the only measure imposed on sex offenders on the basis of the nature of the crimes committed.
3. When hormonal castration is considered, the advise of an endocrinologist is required first.
4. This hormonal treatment is a medical treatment for which the psychiatrist in charge takes responsibility:
   a. for the indication;
   b. to inform the person involved and to receive his consent;
   c. for the follow-up, also somatic and if necessary with the help of a consultant endocrinologist.
5. The therapist will always give preference to the least intrusive intervention to obtain a particular result. If a less intrusive alternative treatment exists instead of hormonal treatment, this alternative must be preferred.
6. Continuity of care must be guaranteed between the penitentiary care and community care. Sex offenders treated in prison with LHRH analogues cannot (in

[3] Medroxyprogesterone acetate is mainly used in the US, where cyproterone acetate is not available. It can be injected, but this type of administration is not common in Belgium since the drug has an unfavourable side effects profile.

[4] The 'Luteinizing Hormone Releasing Hormone' analogues are: triptorelin (Decapeptyl® and Decapeptyl S.R.), leuprorelin acetate (Lucrin Depot® and Lucrin Tri-Depot®) and goserelin (Zoladex® and Zoladex Long Acting). These newer medicines, which can be injected and have a prolonged effect (up to 3 months) must be preferred above cyproterone acetate as they have a more favourable side effects profile. In Belgium, however, they are not refunded for this indication and they cost about € 370 for three months.

[5] For several reasons little scientific research has been carried out on the use of LHRH analogues with sex offenders. The available literature since the first publication in 1998 however indicates that this medication offers a surplus value compared to cyproterone acetate.

Belgium) continue this treatment when they are released from prison because the medication is not refunded by the National Health Service.

D. Recommendations

Madam Minister asks whether it is advisable to create a framework to facilitate this type of prescription. The members of the Advisory Committee have agreed to give the following recommendations:

- The hormonal treatment administered to certain sex offenders to reduce their sex drive and their fantasies is justified if the above-mentioned conditions are taken into account.
- The judge or the competent judicial authority can impose a treatment on sex offenders, but the indication for hormonal treatment and the choice of the medication are part of the responsibility of the psychiatrist in charge.
- The Minister of Public Health must assure, as soon as possible, that LHRH analogues are refunded for this indication.
- In scientific literature there is no univocal opinion on the correct use of this medication with sex offenders. Until directives are written down about this issue on the international level[6], it is advisable to take such an initiative on the national level. Forensic psychiatrists treating sex offenders in prisons or outside, must write a consensus text on this important and delicate subject.

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This opinion was adopted by the Advisory Committee on Bioethics on the plenary meeting of December 18th 2006, on the basis of a draft made by Mr. Paul Cosyns, member of the Advisory Committee.

[6] The World Federation of Societies of Biological Psychiatry (WFSBP) has established a 'task force' on this subject in 2006.