

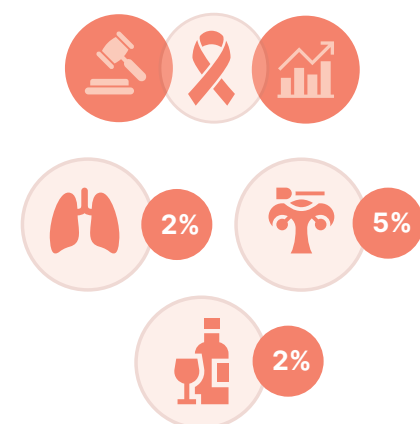


The problem

Individuals incarcerated in US jails and prisons have higher rates of cancer compared with the general population (1). Estimates suggest that the risk of reporting cervical cancer in jails and prisons may be 4–5 times higher (1).



People in prison in Ontario, Canada, were reported to have a 1.4–1.6 times higher risk of dying from cancer, particularly head and neck, liver and lung, than people of the same sex and equivalent age living in the community (2).



Individuals with criminal justice involvement had a 2% higher age-adjusted prevalence of lung cancer; a 5% higher prevalence of cervical cancer; and a 2% higher prevalence of alcohol-related cancer (3).

Evidence shows that, in the USA, incarcerated patients present at a later stage for all cancer types compared with the nonincarcerated population. In particular, later stages of diagnosis were identified for colorectal, oropharyngeal, prostate, lung and skin cancers (4).



The causes



There are a number of possible reasons why cancer mortality may be associated with incarceration. Individuals with a history of incarceration more commonly display cancer risk factors such as smoking and alcohol use (3), and present with infectious diseases, including HIV and hepatitis C (5–7).

A study, from Canada, reported that women experiencing imprisonment were less likely to be up to date with cervical cancer screening. In prison, 54% of women were overdue for screening, compared to 33% in the general population (8).



The solutions and enabling factors



Some of these cancers are substance use-related (related to smoking or alcohol use) and can be detected with guideline-based screening (cervical, breast and colorectal).

While screening and treatment for cancer may be constitutionally guaranteed in correctional facilities in some countries, access to good-quality services may be worse for individuals in correctional facilities than in the community. Screening is the only cost-effective intervention – it should be recommended to all countries of the WHO European Region and prisons should not be excluded.

If cancer is not diagnosed at early stages in those living in prison, there will be worse treatment outcomes.





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