



City of Baltimore

City Council
City Hall, Room 408
100 North Holliday Street
Baltimore, Maryland 21202

Legislation Text

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* **Warning:** This is an unofficial, introductory copy of the bill.
The official copy considered by the City Council is the first reader copy.

Introductory*

City of Baltimore Council Bill R (Resolution)

Introduced by: Councilmember Burnett

A Resolution Entitled

A Council Resolution concerning

November as Smoking Cessation and Lung Cancer Awareness Month

For the purpose of proclaiming November as Smoking Cessation and Lung Cancer Awareness Month in Baltimore City and encouraging all residents to quit smoking and to learn about lung cancer and early detection through lung cancer screening.

Recitals

Whereas, The prevalence of smoking among Baltimore City adults was estimated to be 19.2% (~88,000 city residents) in 2018, and there were notable disparities in the prevalence of smoking by race (23.9% smoking among Black or African American adults vs. 14.4% among white adults) and by age group, income, education, and disability in Baltimore City, according to the Maryland Behavioral Risk Factor Surveillance System;

Whereas, Smoking causes approximately 90% of lung cancers and smoking is the leading cause of preventable death in the US;

Whereas, Lung and bronchus cancer is expected to be the leading cause of cancer death among men and women in the United States and in Maryland in 2020, accounting for more deaths than colon cancer, breast cancer, and prostate cancer combined;

Whereas, According to the Maryland State Cancer Registry, there were 2,714 new lung and bronchus cancer cases in Baltimore City between 2013 and 2017, and, according to the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics National Vital Statistics System, there were 1,879 deaths due to lung and bronchus cancer in Baltimore City in the same timeframe;

Whereas, There are numerous evidence-based interventions to help people quit smoking and there is evidence-based screening for lung cancer, including the following smoking-related interventions: increase access to tobacco cessation products, text-based, online, and school-based intervention programs, Quitline (24-hour smoking cessation hotline), mass education campaigns, workplace wellness incentives, healthcare provider reminder systems to help patients quit smoking, local law and enforcement efforts to reduce youth tobacco access, comprehensive smoke-free air policies, and increases in the unit sales price of tobacco;

Whereas, Quitting smoking has many health benefits, such as lowering the risk of 12 different types of cancer, including lung cancer, lowering the risk of cardiovascular diseases, lowering the risk of chronic

obstructive pulmonary disease (COPD), lowering the risk of some poor pregnancy-related health outcomes, and increasing life expectancy;

Whereas, The 5-year relative survival rate for localized lung and bronchus cancer is ~59%, yet only ~17% of lung and bronchus cancers are diagnosed at this stage;

Whereas, Screening for lung cancer for some high-risk individuals using low-dose computed tomography (CT) can lead to the earlier detection of lung cancer and save lives, reducing lung cancer mortality by 20% when compared to screening by chest x-ray in the National Lung Screening Trial, and this CT lung cancer screening is recommended on an annual-basis for some high-risk individuals by the US Preventive Services Task Force;

Whereas, Funding for lung cancer research trails far behind funding for research of many other cancers, and additional research is needed in early diagnosis, screening, and treatment for lung cancer as well as in lung cancer affecting women and lung cancer and smoking health disparities;

Whereas, Women diagnosed with lung cancer are more likely to be younger and never-smokers compared to men, lung cancer incidence and mortality rates in women are rising relative to men, more women die from lung cancer than breast cancer every year and by 2035, it is expected that more women will die from lung cancer than men in the U.S.;

Whereas, Organizations working in the Baltimore community, such as the American Lung Cancer Screening Initiative and Women's Lung Cancer Forum, are committed to educating about smoking cessation, lung cancer, and lung cancer screening, and working to increase lung cancer screening rates in Baltimore;

Whereas, Anyone can get help to quit smoking by calling 1-800-QUIT-NOW or visiting <https://mdquit.org/>.

Now, therefore, be it resolved by the City Council of Baltimore, that the Council proclaims November as Smoking Cessation and Lung Cancer Awareness Month in Baltimore City and encourages all residents to quit smoking and to learn about lung cancer and early detection through lung cancer screening.

And be it further resolved, That a copy of this Resolution be sent to the Mayor, the Baltimore City Health Commissioner; and the Mayor's Legislative Liaison to the City Council.