To:	City Development
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Subject:	Essential Evidence on a page: No. 87 Physical Activity Deficiency – Lessons from tobacco control

Top line: In tobacco control, doctors did not emphasise the benefits of non-smoking, but the harms of smoking. Similarly, armed with credible global and national data, we should emphasise the harms of inactivity and not merely the benefits of activity.

Physical activity has been called a miracle drug that can benefit every part of the body and substantially extend lifespan. Yet it receives little respect from doctors or society. Socially, being inactive is perceived as normal, and in fact doctors order patients to remain on bed rest far more often than they encourage physical activity. This passive attitude towards inactivity, where physical activity is viewed as a personal choice, is outdated, and is reminiscent of the battles still being fought over smoking.[1]

Physical inactivity burdens society through the hidden and growing cost of medical care and loss of productivity. Getting the public to be physically active is a public health priority because inactive people are contributing to a mortality burden as large as tobacco smoking. To individuals, the failure to spend 15–30 min a day brisk walking (or cycling) increases the risk of cancer, heart disease, stroke, and diabetes by 20–30%, and shortens lifespan by 3–5 years. Yet, the benefits message of physical activity emphasised so far has not worked well for most of the population.

Smoking and physical inactivity are the two major risk factors for non-communicable (NCD) diseases around the globe, and each contribute about 5 million out of the 36 million deaths each year from NCD. For smoking, intensive and coordinated tobacco control efforts have been organized through WHO's Framework Convention on Tobacco Control, a treaty already ratified by 175 countries. By contrast, there are few organised efforts to combat physical inactivity. Governmental programmes to move people from sedentary living to meeting recommended levels of physical activity are very limited, in both developed and developing countries. Where available, these programmes are viewed as useful but not as essential as, say, anti-smoking programmes, partly owing to a failure to emphasise the colossal harms of inactivity. Furthermore, treatment of physical inactivity is not a reimbursable item under most health insurance programmes, and few financial incentives exist for health-care providers to spend time discussing physical activity during medical visits.

There is much to learn from tobacco control strategies to reduce the harms of inactivity. WHO introduced a range of measures to assist in reducing smoking harms at the country level. The measures include monitoring behaviour, protecting people from smoke, offering treatment, warning of harms, enforcing the law, and raising the price. Applying similar measures to physical inactivity will require monitoring of inactivity levels and factors behind it; protect the safety of those active and their built environment; offer services to the inactive to gain skills for sustainable and enjoyable physical activity; warn the public of the hazards of inactivity through repeated campaigns; ensure that the medical community fulfils its responsibility to reduce inactivity; and, finally, raise money or provide funding to encourage physical activity and discourage inactivity.

[1] This Essential Evidence summarises an editorial of s special issue of the Lancet focused on physical activity. Wen, C. P., Wu, X. 2012 Stressing harms of physical inactivity to promote exercise, *The Lancet*, July 18th, 192-193, Open access http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60954-4/fulltext accessed 17th July 2012.