

SCIENTIFIC ADVISORY COMMITTEE ON NUTRITION. REPORT ON SALT AND HEALTH

Executive summary

1. The Scientific Advisory Committee on Nutrition (SACN) report on Salt and Health was published on 15 May 2003.
2. SACN was requested by the Food Standards Agency, to review the evidence since the Committee on the Medical Aspects of Food and Nutrition Policy (COMA) last examined the issue in 1994. SACN has commented that the evidence base has strengthened and has recommended that average intakes of salt of adults be reduced to 6g per day in line with the previous COMA recommendation. SACN also recommends for the first time target salt levels for children on a sliding scale by age.
3. Reducing salt intake to these levels will not be achieved without a concerted effort by the food industry, consumers, and support from a range of other stakeholders. To raise the public profile of salt as a health issue and to achieve the required reductions in salt intake the Agency, together with Health Departments, has taken action to publicise the conclusions of the SACN report. This has been done to add fresh impetus to work with the food industry and other stakeholders to help consumers reduce their dietary intake of salt.
4. The Board is invited to
 - **note** the background to the SACN Salt and Health Report, its conclusions and recommendations
 - **endorse** the action proposed with stakeholders to achieve reductions in salt intake for adults and children

- **agree** the salt intake reduction targets set out in para 17 of the attached paper
- **agree** that the Board should receive a formal progress report in 12 months.

Nutrition Division, and FSA Scotland, Wales and Northern Ireland

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Issue

1. This paper provides background to the **Scientific Advisory Committee on Nutrition (SACN) Report on Salt and Health** (attached at Annex A), summarises its conclusions, and describes action the Food Standards Agency proposes in conjunction with UK Health Departments to help consumers reduce their intake of salt.

Strategic Aim

2. Reduction of salt intake by the population is one aspect of the Agency's Strategic Aim of achieving 'long term improvements in the diet and nutrition of the UK population'. A healthy balanced diet will improve peoples' health and reduce the incidence of the major causes of premature death and chronic illness, like heart disease and cancer.

Background

3. High levels of salt intake have been associated with increased blood pressure, also known as hypertension. Although the evidence for the association between high salt intakes and blood pressure relates to sodium, the major dietary source of sodium is salt. High blood pressure is a cause, or contributory factor, in over 170,000 deaths each year in England alone. Strokes cause about 50,000 deaths as well as substantial illness and disability every year. Increases in blood pressure across even normal blood pressure ranges increases the risk of death from vascular diseases.
4. The relationship between salt and blood pressure was considered by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) in

1994. A target reduction of salt intake to 6g per day was recommended for adults. A proportionate reduction was recommended for children although there was insufficient data on which to quantify targets.

5. The Agency received representations from interested parties about the extent to which the evidence on salt intake and high blood pressure may have altered since COMA examined the issue. Reflecting this, in September 2001 the Agency asked SACN to:
 - review the evidence since the 1994 COMA recommendation on salt intake: taking into account the submissions received from interested parties
 - consider making recommendations for children
6. A Salt Subgroup was established to undertake this work reporting to the full committee. Submissions on the evidence base on salt and health were invited from a range of stakeholders known to have an interest in the issue. The draft report was also made available for comment for a 2 month period before the report was finalised. Details of stakeholders responding to this consultation are set out at Annex B.
7. The SACN **Salt and Health Report** was published on 15 May. The Agency has accepted the reports recommendations and has taken action to bring the report to the attention of all of the stakeholder organisations known to have an interest in salt as a public health issue. Summary details of the report are also available to consumers through the SACN and Agency websites. The report has been sent to the European Food Safety Authority and all of the EU food agencies for information. The latter has also included sending the report to the French food agency that has published its own report on the health implications of salt, which agrees with the need for reductions in salt levels in processed foods and in salt intake levels.

8. The SACN report and the Agency's recommendations attracted widespread interest from national and regional media with extensive television and radio coverage. Particular attention focussed on the new recommendations on salt intake targets for children, and the part played by processed foods in current salt intake levels for adults and children.

Sources of Salt in the Diet

9. In their report SACN reached the following conclusions:
 - current average salt intake is estimated at 9g per day for adults and for 5% of adults up to 16g per day
 - conservative estimates indicate intakes for children proportionately higher than those of adults
 - approximately 75% of dietary salt intake comes from processed food, with the remainder added during cooking and at the table
 - the main sources of salt in processed foods are listed at Annex 3 to the SACN report and includes cereals and cereal products, and meat and meat products, which together account for over 50 percent of average salt intakes

SACN Conclusion on Salt Intake Reduction

10. The Committee has concluded that:
 - the evidence for a direct association between salt intake and blood pressure has strengthened since COMA reported in 1994
 - there was no basis to change the COMA recommendation for a daily target salt intake of 6g per day for adults
 - for infants and children daily target average salt intakes should be

0-6 months	<1 g per day
7-12 months	1 g per day
1-3 years	2 g per day
4-6 years	3 g per day
7-10 years	5 g per day
11-15 years	6 g per day

- the targets for adults, infants and children at these levels do not represent optimal or ideal levels of salt intake but represent achievable goals
- reducing the average population salt intake in line with these targets would proportionally lower population average blood pressure levels and confer significant public health benefits
- reduction would be best achieved using a population-based approach through the adoption of a healthy balanced diet, low in salt and fat and rich in fruit, vegetables and complex carbohydrates
- reductions in the salt content of processed food and drinks is necessary and requires the co-operation of the food industry to achieve this

Past Action to Reduce Salt Intake Levels

11. Despite the original COMA recommendations in 1994 and action by a range of stakeholders, including the food industry, it is expected that NDNS (19-64 years) data due to be published shortly will show that salt intakes have changed little in the intervening period. Awareness of the health implications of salt by consumers is, however, growing. For example responses to the **Agency Consumer Attitude Survey** in 2002 shows that 51 percent of consumers recognise they should eat less salt. There is a need to increase that awareness and provide information,

including that relating to salt added at cooking and at the table, that will encourage consumers to take action to reduce their salt intakes.

12. Current levels of salt intake are influenced by a variety of factors many of which are difficult for consumers to control because of the role processed foods play in the diet of most people and the high levels of salt found in many processed foods. Approximately 75 percent of salt intake is from processed foods or foods eaten outside the home. Salt has a variety of functions in processed food mainly for providing taste to meet consumer expectations, but also in some cases for food safety and technological purposes. Some food industry sectors have responded to consumer concerns about salt and have taken steps aimed at reducing salt levels in a number of categories of everyday processed foods. For example retailers and manufacturers have worked to achieve an average reduction of 13 percent in bread since 1998, and a reduction of 16 percent has been achieved in branded breakfast cereals over the same period.

13. Despite these successes the food industry's overall response has been disappointing, and has attracted criticism from a number of consumer organisations for this. Criticisms have focussed on the:

- lack of reductions in many foods containing high levels of salt, including those popular with children
- limited nature of salt reduction programmes, the level of reductions achieved, and their transparency
- lack of information on salt on many food labels and the lack of salt related advice on food choices to consumers when food is purchased, or consumed
- lack of independent verification that reductions claimed have actually been delivered and maintained in existing foods and in new product development

Open Meeting with Stakeholders on Salt

14. To share information following publication of the SACN report and get stakeholder views on priorities for action the Agency, in conjunction with the Department of Health, convened a stakeholder meeting on 29 May. Groups participating included consumer and public health NGOs, and representatives of key food industry sectors. The programme for the day, which included a presentation on the SACN report from Professor Alan Jackson (Chair, SACN), invitation list, and a summary of views received, is at Annex C. These views are reflected in this paper.

Agency Action on Salt

15. It is generally accepted that target reductions now recommended by SACN will not be achieved unless there is proactive action by the food industry to reduce salt levels in processed foods. Some companies and sectors have claimed past reductions. Despite this, salt levels in many processed foods, particularly those favoured by children, remain unacceptably high. Examples of this can be seen in the results of the ready meals survey published by the Agency this week: The Agency proposes to address this situation through work under four main headings:

- work with the **food industry** to agree a series of challenging salt reduction strategies with specific reduction targets for foods contributing most to salt intakes
- strengthen existing work, including that with health promotion bodies to provide **information to consumers** coupled with action to encourage wider adoption of voluntary labelling of salt content of foods to aid consumer choice
- raising awareness of the public health implications of salt and the salt reduction targets with bodies responsible for **catering services in the public sector**

- use of the **Agency's diet/nutrition and food survey programmes** to:
- highlight to consumers those foods where high levels of salt persist
- set baselines against which the impact of action to reduce salt levels in food categories and reduce salt intakes can be assessed

Summary details of some of the work already underway or planned under these headings is provided at Annex D.

16. In the case of work with the industry initiatives such as the Food and Drink Federation led "Project Neptune" aimed at delivering a 30 percent reduction of salt in soups/sauces over 3 years, and recent commitments by a range of companies in the manufacturing, catering and retail sectors help set the lead for future salt reductions across the food industry. The Agency will be pressing for transparency to consumers on these commitments and their delivery. We will also be pressing the British Retail Consortium, Food Drink Federation, Joint Food Service Industry Group of the British Hospitality Association and the British Beer and Pub Association and British Frozen Food Federation to agree similar initiatives in the months ahead.

17. The Agency has set a target within its Service Delivery Agreement to reduce average salt intake by 10 percent (approx 1g per day) by 2005/6. In the light of the SACN recommendations and planned work with the food industry it is proposed as a further target that the Agency's long term aim should be to reduce the average population intake by a third over the next 5 years. Achievement of this will bring salt intakes on a population basis into line with the target recommended by SACN of 6g per day.

Impact

18. The **SACN Report on Salt and Health** updates the evidence base and provides an important lead on further action under the Agency's Nutrition Action Plan. Our current assessment is that this work can be taken forward

with existing FSA staff and financial resources. The Chief Executive will continue to keep this under review.

Next Steps

19. The Board will receive regular reports on progress with action linked to the **SACN Salt and Health Report**, including agreement with industry on salt reduction, the impact of this on salt levels in processed foods and salt intakes in the population. The Board will be consulted appropriately at key stages

Board Action Required

20. The Board is invited to:

- **note** the background to the **SACN Salt and Health Report** and its conclusions
- **endorse** action proposed with stakeholders to achieve salt reductions in salt intake for adults and children
- **agree** the salt intake reduction targets set out in para 17
- **agree** that the Board should receive a formal progress report in 12 months

Annex A

Scientific Advisory Committee on Nutrition

Salt and Health Report

[Report enclosed]

SACN REPORT ON SALT AND HEALTH

Organisations providing comments on draft report

The draft report was made available for comment between 4 November 2002 and 3 January 2003. Comments were received from the following:

1. British Dietetic Association (BDA)
2. British Frozen Food Federation (BFFF)
3. British Nutrition Foundation (BNF)
4. British Retail Consortium (BRC)
5. Cochrane Heart Group (BRG)
6. Consensus Action on Salt and Health (CASH)
7. Co-Operative Group (Co-op)
8. Food Commission (FC)
9. Food and Drink Federation (FDF)
10. Hopper L Bartlett C, Davey Smith G Ebrahim S
11. The Inside Story (Magazine)
12. Institute of Food Science and Technology (UK) (IFST)
13. Intercollegiate Group on Nutrition (IGN)
14. LoSalt
15. Macnair A
16. McGree E
17. Meat and Livestock Commission (MLC)
18. Medical Research Council, Human Nutrition Research (MRC HNR)
19. National Heart Forum (NHF)
20. National Osteoporosis Society (NOS)
21. Nutrition Society (NS)
22. Sainsbury's
23. Salt Institute (SI)
24. Salt Manufacturers' Association (SMA)
25. Scottish Consumer Council (SCC)
26. Socialist Health Association (SHA)
27. Snacks, Nuts and Crisp Manufacturers Association (SNACMA)
28. Stroke Association (SA)

Detail on comments received from these organisations is available on www.sacn.gov.uk



'SALT AND HEALTH' A FORUM TO INFLUENCE ACTION

29 May 2003, Press Conference Room,
Food Standards Agency, Aviation House, 125 Kingsway
London WC2B 6NH

Agenda

9:45 - 10:15 Registration and Coffee

10:15 - 10:20 Introduction - Sir John Krebs

10:20 - 10:40 SACN Salt and Health Report - Professor Alan Jackson (Chair
SACN)

10:40 - 10:55 A Consumer Perspective - Mike Rayner (Sustain)

10:55 - 11:10 An Industry Perspective - Gavin Neath (FDF)

11:10 - 12:20 Discussion

12:20 - 12:30 Summing up - Sir John Krebs

Annex C2

Salt and Health: A Forum to Influence Action

Invitation List

Professor Graham McGregor	CASH
Ms Sue Davies	Consumers' Association
Mr Tim Lobstein	Food Commission
Dr Sinead Furey	General Consumer Council NI
Ms Jill Bull	National Consumer Council
Ms Donna Heaney	Scottish Consumer Council
Ms Jeanette Longfield	Sustain - The Alliance for Better Food and Farming
Ms Lindsey Kearton`	Welsh Consumer Council

Ms Pam Rhodes	Advisory Board on Social Services Catering
Ms Jane Eaton	British Dietetic Association
Professor Sir Charles George	British Heart Foundation
Chairperson	British Hospitality Association
Professor Brian Williams	British Hypertension Society
Miss Sarah Stanner	British Nutrition Foundation
Dr Helen Crawley	The Caroline Walker Trust
Ms G Oliver	Coronary Prevention Group
Ms Chloe Underwood	Faculty of Public Health Medicine
Mr Geoff Tansey	Guild of Food Writers
Ms Karen Poploe	Health Development Agency
Mrs Sue Kilbey	Local Authority Caterers Association
Ms Janice Miles	National Health Service Confederation
Ms Alison Giles	National Heart Forum (NHF)
Mrs Jackie Parrington	National Osteoporosis Society (NOS)
Professor Martin Wiseman	Nutrition Society (NS)
Dr Maureen Baker	Royal College of General Practitioners
Penny Moore	Royal Institute of Public Health and Hygiene
Chairperson	Stroke Association
Mr Tim Marsh	UK Public Health Association

Mr Alf Carr	British Frozen Food Federation
Ms Eileen Steinbock	British Frozen Food Federation
Mr William Moyes	British Retail Consortium
Lady Sylvia Jay	Food and Drink Federation
Ms Rita King	Joint Food Service Industry Group

Salt and Health: A Forum to Influence Action

Summary of main points raised by stakeholders at the meeting on 29 May:

Reformulation of foods

- Because 75% of salt intake comes from processed foods salt was an issue for the whole of the food industry
- Need to raise awareness within some industry sectors of the public health implications of salt and the need for reductions in processed foods
- A lot had already been done by the food industry to achieve salt reductions but salt intakes remained high and there was a need to move forward on reductions on a category by category basis on the basis of agreed targets and timescales
- Should consider the possibility of compositional criteria (to include salt limits) for processed foods either on an EU statutory basis or by voluntary agreement with UK industry, recognising the international dimension to this issue

Information/education for consumers

- Education is important but will not achieve reduced salt intakes if informed consumer choice cannot access lower salt foods
- Need to increase consumer awareness of the link between salt, blood pressure and health risk to help create the demand for processed foods available with lower salt levels
- Need to clarify sodium/salt terminology with consumers – salt (rather than sodium) is what consumers understand and should be on labels of all foods
- Need to raise awareness of health professionals about the impact of salt intake levels on health to improve the availability of advice to consumers through health networks

Data transparency

- Important to establish clear baselines for salt levels in foods and generate reliable data to monitor changes in time in salt in food and in dietary intake as a means of evaluating reduction interventions
- Need for transparency to consumers on data showing differences in salt levels between equivalent foods to allow targeting of reductions and to inform consumer choice

ACTIVITIES TO SUPPORT AND PROMOTE THE CONCLUSIONS OF THE SACN REPORT ON SALT AND HEALTH

WORKING WITH INDUSTRY

Retailing/Manufacturing

A number of food retailers and manufacturers have been active with salt reduction programmes covering branded and own-brand processed goods. The Agency will continue discussions with the **Food and Drink Federation** and the **British Retail Consortium** to verify where reductions have taken place and to consider how this experience can be used as the basis for agreeing a series of challenging strategies and targets for further reductions in processed food categories that contribute most to salt intakes in the population.

Reductions of salt in breakfast cereals; and branded soups and sauces where a commitment to a 10% reduction each year for the next 3 years has been made, will be tracked. As will the impact of further reduction strategies agreed by industry against set targets.

Catering (including service catering sector)

A significant proportion of food is eaten outside the house; 11% on average but will be higher for certain groups in the population. The Agency has been discussing with the **Joint Food Service Industry Group of the British Hospitality Association** and the **British Beer and Pub Association**, and the **British Frozen Food Federation** whose members supply caterers, the scope to agree a series of salt reduction strategies targeting ingredients and processed foods which are major contributors to salt intakes through catering outlets.

These organisations have agreed to work with the Agency to raise awareness within the catering industry of the need for salt reductions, establish regular communication between suppliers and customers to develop product specifications, and obtain specialist advice on product formulation including information from successful past strategies. Action Plans to deliver these outcomes, including arrangements for reporting progress and assessing impact, will be the subject of agreement with the Agency shortly.

INFORMATION TO CONSUMERS

Leaflets

The Agency has produced and widely distributed a leaflet on salt in its "Healthy Eating" series for consumers. Further promotion of this and the production of any supplementary material or revisions is being considered.

Website

Special feature (webstory) is proposed on the Agency website summarising the health implications of high salt intakes and bringing together existing material including advice on how consumers can reduce the salt consumption. Information is being provided showing how a typical day's meals can meet the salt intake target, and how changes to the meals will increase intakes. 'Ask the Expert' enquiries on salt will be highlighted. Information will also be provided on the DH and NHS Direct websites.

Newspaper columns

The Agency's contributions to 'healthy eating' columns in regional newspapers will focus on the health implications of salt in the diet and advice to reduce salt intakes including that available on the Agency's website.

Labelling

Retailers and manufacturers are labelling a growing range of products with salt levels on a voluntary basis. The Agency will continue to encourage this development as part of discussions on salt reduction strategies. The Department of Health are also considering the appropriate way of addressing salt issues in their development of the '5 a day' branding.

Education

The salt message will be incorporated into advisory material for the Food in Schools initiative, surveys of school meal composition, work with OFSTED on food provision, and the 'whole school' approach to healthy eating.

NGOs

Suitable opportunities will be taken to promote the salt reduction messages in partnership with organisations, both in general way but also as part of specific relevant events such as the British Heart Foundation, the Blood Pressure Association, "Stroke Awareness week" etc.

Health Professionals

The CMO's Update and other channels will be used to communicate the recommendations of the SACN report and the importance of cutting down on salt to reduce the risk of developing high blood pressure. In particular the new recommendations for children's salt intake will be highlighted. The report will be promoted to specialist health groups through leaflets, professional society publications and other events.

PUBLIC SECTOR FOOD PROCUREMENT

A significant proportion of the population receives its food through public sector organisations. This includes foods provided through **schools, social services, hospitals, prisons and the armed forces**. The Agency in conjunction with Health Departments has written to all of the main public procurement bodies to draw their attention to the recommendations of the SACN report, and to emphasise the opportunities and responsibilities they have for reducing salt content of foods and reducing salt intake in the population sub groups they serve. There will be Agency follow up with these bodies to provide advice and support where needed for salt reduction programmes.

MONITORING THE IMPACT OF ACTION ON SALT

It will be important that we are able to establish baselines and track the changing picture on salt intakes, on a population and where possible a subgroup basis, arising from action by the Agency and other stakeholders. We propose to do this using existing survey programmes including:

- National Diet and Nutrition Surveys
- Expenditure of Food Survey
- Health Survey for England
- Low Income Diet and Nutrition Survey (currently under review)
- Surveys on the nutrient content of foods
- School meals survey
- Lunchbox survey

Throughout 2003 there will be regular publication of survey results on the salt content of categories of processed foods. As the first in this series a survey of ready-meals, including those popular with children, has recently been published. Results from a survey of the nutrient composition of sausages will follow in the coming weeks.

The surveys will enable us to:

- identify factors influencing salt levels in foods and food choices
- identify measures to encourage salt reductions in food and consumer choice in favour of foods with lower salt content
- monitor and track over time against agreed targets the changes in salt intake and the contribution made by different food groups
- monitor health status associated with salt consumption eg blood pressure
- provide reliable information on the salt content of foods to public