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Food Standards Agency  
**news**

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## Widespread support shown for Agency's campaign to reduce salt consumption

Backing for the FSA's salt campaign, which aims to reduce high salt consumption in the UK, continues to grow, with expressions of support coming from retailers, food industry groups, health charities, medical groups and consumer organisations.

The Agency's £4 million campaign, launched last month at a national stakeholder event, includes national TV, poster and print advertising, and a dedicated salt website.

Research shows that eating too much salt is a significant risk factor in developing high blood pressure, which is a cause or contributing factor in 170,000 deaths a year in England alone.

FSA Chair Sir John Krebs said: 'Many in the food industry have introduced salt reduction programmes and many major

retailers and manufacturers now label products with the salt content.

'These steps are welcome and represent considerable progress from some sectors of the industry since we published our advice



*Peter Hollins*

on salt consumption in May 2003.

'The food industry is about two-thirds of the way to reaching our target of a 1g reduction in processed foods by the end of 2005. However, to reach the ambitious target of 6g per day by 2010 will require further action by consumers and industry if we are to reduce the human and health costs of eating too much salt.'

Supporting the campaign, the Stroke Association said: 'Over 130,000 people have a stroke each year. Lowering our salt intake by 3g per day could reduce the number of strokes by a third and prevent around 20,500 deaths in the UK.'

British Heart Foundation Director General Peter Hollins said: 'More than nine out of ten people don't know how much salt they can consume before it starts becoming a real threat to their heart health.'

'One reason why many people's daily intake of salt is too high is because they

are not aware of the "hidden" salt in many foods.

Processed foods such as ready-prepared meals and snack foods are prime culprits.'

Gavin Neath, Chair of multinational food producer Unilever, said that the company accepted that salt levels are too high in a number of processed foods. 'We are committed to reducing them. However, we need to effect this reduction in a measured fashion.'

He added that the manner in which the FSA had engaged with industry had been 'exemplary'. He said: 'They have used a judicious mix of carrot and stick to move us along. It is a model of how Government can work effectively with industry.'

Principal Policy Advisor for Which? Sue Davies said: 'This is an important and stark warning from the FSA that eating too much salt is bad for your heart. If reductions aren't happening voluntarily, the Government must lay down compulsory targets.'

Barbara Gill, Chair of the National Federation of Women's Institutes, said: 'We must send out clear signals to

manufacturers that we are not prepared to put up with things as they stand. As consumers we will support those companies that have the courage to act, and shun those that don't.'

Minister for Public Health Melanie Johnson said: 'The tasks are immense and complex and success will depend, not only on what Government does, but also on securing the support and commitment of a wide range of organisations.'



*Gavin Neath*



*Barbara Gill*

### Further information

The salt website is at: [www.salt.gov.uk](http://www.salt.gov.uk)  
See also our special supplement inside

## New structure for the Agency

From 20 September, the Food Standards Agency has begun operating under a new structure that reflect its forthcoming strategic plan.

Some of the Agency's key departments have been restructured to ensure the organisation will reflect more closely the focus of the Agency's work over the next 3-5 years.

This has involved the creation of a new group headed by a Director of Consumer Choice and Dietary Health (see below), which will focus on the Agency's nutrition agenda, and a refocusing of some of the work areas at divisional level.

### Further information

Full details of the new structure and an updated A-Z of contacts in the Agency's new divisions will be published in the next issue of *FSA News*.

## Agency appoints Director of Consumer Choice

The Agency has announced the appointment of Gill Fine as its Director of Consumer Choice and Dietary Health. Gill Fine, who will take up post on 11 October, joins from Sainsbury's, where she has been Head of Food and Health.



Gill Fine

She has been at Sainsbury's since 1995, first as the Company Nutritionist, moving to her present position in 2002.

Before joining Sainsbury's she was the British Nutrition Foundation's Education and External Relations Director. She has a BSc in Home Economics from Bath College of Higher Education and an MSc in Nutrition from Queen Elizabeth College, London. She is currently a member of the Government's Scientific Advisory Committee on Nutrition.

Jon Bell, Chief Executive of the Food Standards Agency, said: 'I am very pleased by Gill's appointment. We have major ongoing projects in the field of diet and nutrition and it is essential for the success of these and other key activities to come that we have the right sort of dynamic and creative leadership.'

Ms Fine said: 'I am delighted to be joining the FSA. I share its commitment to putting the interests of consumers first and I am very impressed by the way it has taken the lead in trying to make it easier for people to eat more healthily.'

## Shoppers are being misled by minced meat labelling

A Food Standards Agency survey has found that consumers are often being misled by minced meat labels that claim that the product contains less fat than it actually does. In the case of products claiming to be 'extra' or 'super' lean, some in fact contained as much if not more than 'lean' mince.

The survey compared the fat content of 'standard' minced meat with mince claiming to be 'lean' or 'extra/super lean'. It also checked whether the fat content on the nutrition labels was accurate.

The Agency looked at 561 samples of fresh and frozen minced meat, including 444 samples of beef. Chief among the findings are:

- The amount of fat in standard beef mince ranged from 1.9g to 32.3g per 100g.
- Several samples of 'extra' or 'super' lean mince had a higher fat content than some 'lean' mince.
- 55 of the 308 samples giving nutrition information on the label contained more fat than the label claimed.

Agency Director of Enforcement and Food Standards David Statham said: 'Consumers expect products described as "extra" or "super" lean to contain less fat than "lean" mince. Indeed people often pay a premium price for such products, and yet this survey highlights the fact that some of the products described as "extra" or "super" lean actually contain as much fat, if not more, than "lean" mince.

'The Food Standards Agency did this



Types of beef mince surveyed	Range (g of fat per 100g)
Standard	1.9 – 32.3
'Lean'	3.6 – 15.7
'Extra' or 'Super' lean	1.9 – 17.7

survey to see if consumers were getting accurate information. It is clear that in some cases they are not. The Agency now intends to consult on the development of its own guidelines for the terms that are used to describe the fat content of mince.

'We want food manufacturers and retailers to sign up to clear definitions and descriptions and ensure that their products meet them.'

UK law does not specify a maximum fat content for mince unless it is sold under a specific name, such as 'lean minced meat', when the fat content must not exceed 7%. If mince is described in any other way, for example 'minced meat – lean', the law does not apply. However, the Food Safety Act says that food must not be presented or described in a way that misleads the consumer.

Minced beef guidance devised by the Association of Public Analysts states that 'lean' beef should contain no more than 16g of fat and 'extra/super lean' beef mince no more than 9g of fat per 100g.

Public analysts have also applied a maximum limit of 25% fat for 'standard' minced beef, which is widely established in case law.

The FSA has asked local authorities to take action where the fat content of the samples has exceeded these limits.

## Butchers' shops licensing improves hygiene

Two reports on the licensing of butchers' shops have found that hygiene standards in most shops have improved as a result of the initiative.

The Butchers' Licensing Regulations were introduced in England in November 2000. Under these regulations, retail butchers selling unwrapped raw meat and ready-to-eat food must obtain an annual licence from their local food authority.

To get the licence they must satisfy certain hygiene conditions, including the operation of HACCP controls.

Now studies by the University of Wales Institute Cardiff and Campden &

Chorleywood Food Research Association to evaluate the licensing initiative in England have found that hygiene standards in the butchers' shops have improved and that 98% of local authorities believe these standards are being maintained.

The reports also suggest there is scope for some butchers to improve their food safety practices.

### Further information

The reports are published in full at: [www.food.gov.uk/foodindustry/meat/meatplantsprems/butcherseval](http://www.food.gov.uk/foodindustry/meat/meatplantsprems/butcherseval)

## Wales

## Peer educators to deliver healthy eating messages to older people

FSA Wales is aiming to recruit about 25 volunteer peer-educators from across the principality to take its participation in the national Keep Well This Winter campaign to new levels.

As part of its continuing involvement in the campaign, the Agency is committed to providing over 65s with advice and information on healthy eating, budgeting, food safety and food labelling.

Previously, it had done this by providing funding through a small grants scheme to support healthy eating activities and events at the community level and printed support material.

However, because requests for FSA Wales staff to participate in such activities have outgrown the Agency's capacity, FSA Wales is proposing to develop and deliver a training package promoting the key healthy eating messages using peer educators.

The Agency anticipates that the peer educators will be over 50 years of age and have an interest in food and health.

They will be required to attend a one-day regional training event before December 2004 and will be provided with materials and resources to equip them to deliver one hour interactive healthy eating

presentations to groups of older people from January 2005.

The peer educators will receive travel and subsistence costs plus a nominal fee for each event attended.

### Further information

For more details on the peer education project contact Lorna Thompson, tel: 029 2067 8953 by 31 October, or email [lorna.thompson@foodstandards.gsi.gov.uk](mailto:lorna.thompson@foodstandards.gsi.gov.uk)



*Children at Ysgol Gynradd Gymraeg in Caerphilly recently met the Agency's salt campaigner 'Sid the Slug' when the FSA's resource trailer visited the school to help them learn the importance of healthy eating and food hygiene*

## Scotland

## Capital move on healthy eating for students

Students in Scotland's capital city have been giving a 'thumbs up' to an FSA-funded healthy eating campaign at Edinburgh's four universities.

The Council-run initiative, aimed at educating students in the benefits of healthy eating and food hygiene, was launched at the freshers' fairs at Queen Margaret University College, University of Edinburgh, Napier University and Heriot Watt University.



*A stall at one of the Edinburgh freshers' fairs*

Environmental Health Officers had a stall at all the freshers fairs to offer advice and information about food safety and healthy eating.

They also gave out *food4life*, a colourful 20-page booklet packed with tips on how to eat and cook safely. The booklet was also supported by the Scotmid organisation, which provided a range of fruit at the stalls.

*food4life* provides advice on how to have a healthy balanced diet and highlights the 4Cs of food hygiene – cleaning, cooking, chilling, and cross-contamination. The booklet also provides a range of healthy recipes – from lentil soup to macaroni cheese, chilli con carne, and fruit salad.

The initiative is part of a project – backed by £10,000 of funding from the FSA – that aims to provide skills, information, and advice on healthy eating, cooking, and food safety.

The target is young adults, especially those living in areas of deprivation, and undergraduate students. It runs until December.

The booklet is also being distributed in student halls of residence.

## FSA holds open Board meeting

The FSA held an open Board meeting on Thursday 9 September in Swansea, Wales.

Three main Board papers were discussed: Review of the Over Thirty Months Rule – the future BSE testing regime; Quality of data submitted by local authorities on food law enforcement activity – follow-up report on progress; and the Meat Hygiene Advisory Committee (MHAC) Chair's annual report to the Board.

### Review of the Over Thirty Months Rule – the future BSE testing regime

On 6 July, the Board advised Ministers that it would be justified on grounds of the foodborne risk to consumers and proportionality to replace the Over Thirty Months Rule by BSE testing, subject to an independent group advising the FSA, Defra and the Department of Health that a robust testing system could be put in place.

The Board considered a paper setting out terms of reference for an independent group that will assist the FSA with this task. It also commented on a draft list of criteria that the group might be asked to consider in deciding on the robustness of a testing system.

### Progress report on action to improve the quality of data submitted by local authorities on food law enforcement activity in the UK

The Board considered a paper on action taken to improve the quality of the data submitted by local authorities on food law enforcement.

The paper reviewed action taken in three key areas:

- local authority monitoring data for 2003;
- immediate changes to simplify the monitoring form, and
- the initiation of a longer-term review of the monitoring system.

### MHAC Chair's annual report to the FSA Board

This report on the work of the MHAC was provided at the Board's request. The MHAC Chair informed the Board that following the likely establishment of a new governing body for the Meat Hygiene Service, it was likely that the next meeting of the MHAC would be its last.

### Further information

A full report of the meeting is at: [www.food.gov.uk/news/newsarchive/2004/sep/boardupdatesseptember2004](http://www.food.gov.uk/news/newsarchive/2004/sep/boardupdatesseptember2004)  
The Agenda and papers are at: [www.food.gov.uk/aboutus/ourboard/boardmeetings/](http://www.food.gov.uk/aboutus/ourboard/boardmeetings/)

## Agency food law enforcement seminar focuses on 'learning from others'

The Agency held a seminar last month to consider the results of FSA-funded research on UK food law enforcement and to learn more about alternative and innovative enforcement approaches in other EU Member States

More than 120 delegates, including representatives from over 50 local authorities and from industry and other Member States, attended the Agency's food law enforcement seminar – 'Learning from others', held at Warwick University, Coventry, on 6 and 7 September.

Delegates attending the seminar, which was chaired by the Agency's Director of Enforcement and Food Standards David Statham, heard presentations on each of the research projects carried out under the Food Standards Agency's enforcement research programme.

Speakers from Northern Ireland, the Republic of Ireland, Finland, Denmark and the Netherlands also contributed, sharing information on alternative and innovative enforcement approaches adopted in their countries or regions.

The seminar focused on four main themes: Managing compliance, Supporting businesses, Management risk factors, and Informing consumers – each followed by a session of presentations and discussion.

### Managing compliance

The first speaker in the 'Managing compliance' session, Ronald Dwinger, from the European Commission, presented a European vision on food safety management.

The presentation provided an overview of the new requirements for hazard analysis critical control point (HACCP) in food businesses, which will apply from 1 January 2006, and the role of enforcement officers in their implementation.

Dr Robyn Fairman, from Kings College London, then addressed the role of enforcement officers and presented the findings of Agency, funded research examining the effect of local authority interventions on the compliance of small and medium sized food enterprises (SMEs) with food safety law. Her presentation reviewed the relative merits of education and advice, versus formal enforcement in achieving compliance.

The results of the study highlighted that

many SMEs displayed a reactive rather than proactive approach towards food safety compliance, only taking action when instructed to do so by an enforcement officer. While the use of formal enforcement action achieved short-term improvements in compliance, this was often not maintained.

Conversely, SMEs in authorities adopting a predominantly educational approach to enforcement demonstrated the ability to make sustained improvements in compliance. The Agency will be publishing the final report of this project soon.

The final presentation in this session, from Denise Rennie, Salford University, provided an overview of the Agency's Safer Food, Better Business initiative. This aims to support SMEs in meeting the new HACCP requirements by developing a model for the introduction of food safety management systems in small catering businesses.

Ms Rennie emphasised the unique issues



*Businesses in Denmark are required to use the 'smiley' scheme (see back page)*

related to achieving compliance in SMEs, the need to ensure information is provided in terms of basic hygiene principles, and the importance of effective communication with local authorities and other stakeholders.

Much of the following discussion focused on the role of enforcers in providing advice and information to businesses, particularly with regard to compliance with the new HACCP requirements. There was general agreement on the need to achieve a balance where enforcement officers provided advice on HACCP implementation rather than actually developing HACCP-based systems for a business.

### Supporting businesses

The second session of the Seminar explored various methods of supporting businesses to help them comply with food law requirements. The first two presentations, from Peter Mitchell, Core Food and

Drink, and Lisa Benson, Momenta, reported on the findings of Agency funded research to identify problems experienced by SMEs in achieving compliance and identifying how these could be overcome. Effective mechanisms of communication on legislative requirements were also examined.

The work conducted by Core Food and Drink looked at ways in which help can be provided and, in particular, at designing a web-based HACCP tool that could be used by SMEs, with the support of enforcement officers, to develop HACCP for their business.

Momenta reviewed the relative effectiveness of various methods of communication with SMEs and highlighted the potential for greater use of intermediaries, particularly with regard to disseminating information to minority ethnic businesses.

The final presentation in this session, by Marianne Turja from the National Food Agency in Finland, looked at the importance of a sound knowledge of hygiene requirements in businesses. Ms Turja described the system operated by Finland's Food Agency for mandatory food hygiene knowledge testing of all food handlers and looked at how this had helped businesses to comply with basic food hygiene principles.

Subsequent discussion focused on the need to change behaviour, perceptions and attitudes to food hygiene in SMEs – to view it as an integral part of a successful and profitable business rather than an unnecessary burden.

### Managing risk factors

The second day of the Seminar opened with presentations looking at 'management risk factors'. Sarah Jones, from University of Wales College of Medicine and David Jukes, University of Reading, gave presentations on Agency-funded studies carried out to identify and evaluate management risk factors resulting in, or with the potential to result in, foodborne disease outbreaks in the catering industry.

Ms Jones also described the Salmonella Enteritidis study being undertaken to address the national public health concern in this area. This study had raised a number of interesting issues, such as the pressure for suppliers to expand quickly to meet customer demand without reinvesting in more robust food safety management systems.

*Continued on back*



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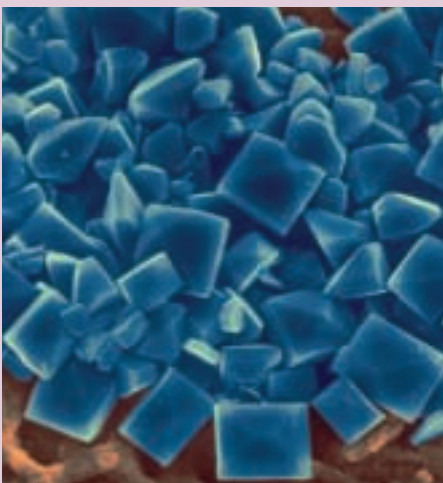
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Agency launches major public health campaign to cut consumption of salt

The Food Standards Agency has launched a major public health campaign to reduce high salt consumption in the UK.

Eating too much salt is a significant risk factor in developing high blood pressure, and high blood pressure is a cause or contributing factor in 170,000 deaths a year in England alone.

Every day at least 26 million people eat more than the recommended daily limit of 6g of salt. Men are eating the most, with a daily average of 11g of salt, while women consume an average of 8.1g a day.

The cost to the NHS of prescriptions for reducing high blood pressure is about



Sir John Krebs

£840 million, nearly 15% of the total annual cost of all primary care drugs. Studies show that reducing salt in the diet can lower blood pressure within four weeks, which helps protect the individual and reduces the cost to the National Health Service.

Launching the Salt Awareness Campaign, Agency Chair Sir John Krebs said: 'High blood pressure really is the silent killer. The human cost in terms of illness and death and the costs to the NHS are very high. Cutting down on salt can significantly reduce your risk of developing high blood pressure.'

'Everybody has got used to eating too much salt. We want to encourage everyone to see how they can reduce the salt they eat. By cutting back on adding salt to food at home and when eating out, as well as looking at what's on the labels of processed foods, it's possible for people to make positive health choices.'

The Food Standards Agency also recognises that further reductions of salt in processed foods and better labelling of

salt on food products is required if people are to make changes to their own diet and reduce their salt intake.

'The food industry is about two-thirds of the way to reaching our target of a 1g reduction in processed foods by the end of 2005,' Sir John said. 'However, to reach the ambitious target of 6g per day by 2010 will require further action by both consumers and industry if we are to reduce the human and health costs of eating too much salt.'

The Agency campaign, launched in September, has been using national TV, poster and press advertising to get its message over to the public. The Agency has also launched a dedicated website to support the initiative (www.salt.gov.uk).

The Salt Reduction Campaign is being fronted by 'Sid the Slug', a sympathetic character created by ad agency HHCL/Red Cell and developed by the internationally acclaimed Jim Henson's Creature Shop.

Sid appears in all TV, national poster and print advertising and on the dedicated campaign website, to highlight the link between eating too much salt and the increased risk of high blood pressure, heart disease and stroke.

Speaking at the launch of the campaign, which was attended by a wide range of stakeholders, British Heart Foundation Director General, Peter Hollins said: 'More than nine out of ten people don't know how much salt they can consume before it starts becoming a real threat to their heart health.'

'Additionally, many people are unaware of the amount of salt they consume every day and how this could be putting their heart health at risk.'

'One reason why many people's daily intake of salt is too high is because they are not aware of the "hidden" salt in many foods. Processed foods such as ready-prepared meals and snack foods are prime culprits that often contain high salt. This "hidden" risk can also be found in staple foods, such as bread and cereals.'

A spokesperson from the Stroke

# Salt awareness campaign

## Peter Hollins, Director General, British Heart Foundation



High blood pressure is a major risk factor for heart disease and one most people can tackle by simply cutting down the salt in their diet. We want it to

be made easier for the consumer to be aware of the salt levels in food so they are empowered to protect their heart health by eating safe amounts.

## Jon Barrick, Chief Executive, The Stroke Association

The more salt we eat, the more our blood pressure rises. More than 50,000 deaths from stroke in the UK each year are attributable to high



blood pressure and it is the most modifiable risk factor for stroke. The Stroke Association fully supports the Food Standards Agency's salt awareness campaign.

## Andy Burman, CEO, British Dietetic Association



The British Dietetic Association welcomes the Food Standards Agency's campaign as part of the overall salt reduction strategy to

improve public health, which will raise awareness of the risks associated with high salt consumption.



*Sid the Slug: taking the salt message to the High Street*

Association later added that: 'Mounting evidence shows that increasing levels of salt in our diets can lead to high blood pressure, which is the single biggest risk factor for stroke. Over 130,000 people have a stroke each year. Lowering our salt intake by 3g per day could reduce the number of strokes by a third and prevent around 20,500 deaths from the condition in the UK.'

Barbara Gill, Chair of the National Federation of Women's Institutes said: 'The WI strongly supports this campaign, which I hope will make many people reconsider how and what they eat. We very much welcome the moves taken by the food industry to date to reduce salt in their products, and hope that it won't be a matter of too little too late.'

'We must send out clear signals to manufacturers that we are not prepared to put up with things as they stand. As consumers, we will support those companies that have the courage to act, and shun those that don't.'

'But in order to do so we need better food labelling. We need clear labelling of salt content, not sodium, and greater clarity about portion sizes. If manufacturers won't take the lead in improving food labels, then the Government must.'

'What is certain is that we cannot afford to sit back any longer, we need to act now and to act decisively. Salt reduction is not just a matter of taste, it is a matter of improving our health.'

Also speaking in support of the Agency's initiative, Unilever Chair Gavin Neath said: 'We accept that salt levels are too high in a number of processed foods.'

'We are committed to reducing them. However we need to effect this reduction

in a measured fashion. If we move too fast consumers will vote with their feet. We must gradually wean them off the taste of salt.'

While acknowledging that more needed to be done, he said: 'Good progress has been made because the FSA have engaged with the food industry in a rational, objective fashion. They have used a judicious mix of carrot and stick to move us along. It is a model of how Government can work effectively with industry.'

Sue Davis, Principal Policy Advisor for Which?, said later that the organisation 'strongly supported' the Agency's campaign, but added: 'Compulsory labelling of salt on all pre-packed foods is essential so that you can easily identify the levels in foods. We also want to see simple indicators on labels to help consumers judge whether a product contains "a lot" or "a little" salt.'

'We are pleased that the FSA will be checking industry's reduction plans by monitoring salt levels in foods. If reductions aren't happening voluntarily, the Government must lay down compulsory targets.'

Minister for Public Health Melanie Johnson, also welcoming the Agency's campaign, acknowledged that more had to be done to raise awareness of the dangers of overconsumption of salt.

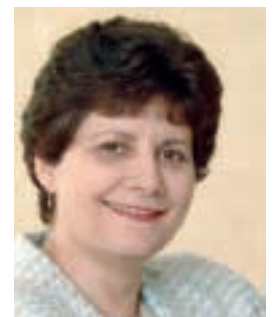
'Consumer surveys show that only half the population recognised the need to eat less salt, so there is more work needed to raise awareness,' she said.

'But as 75% of salt in the diet comes "hidden" in processed foods, it is hard for people to make informed decisions and to control their own salt consumption. Manufacturers and caterers have a critical role in enabling people to eat more healthily.'

'The Department of Health and the Food Standards Agency are in discussions with all sectors of the food industry on the measures that can be taken to reduce the levels of salt in processed foods.'

'We're keen to see real progress is made. The 6g target is challenging and we've all got to increase our efforts. The tasks are immense and complex and success will depend, not only on what Government does, but also on securing the support and commitment of a wide range of organisations.'

'That is why it is encouraging to see so many stakeholder groups coming together to support the salt campaign.'



*Melanie Johnson*

# Salt: answers to some basic questions



Three quarters (75%) of people's salt intake comes from processed foods, such as sauces, soups, pizzas, breakfast cereals and ready meals. Some brands and recipes contain more than others. People can choose lower-salt options by checking the labels

## Q Why is the Food Standards Agency running a salt campaign?

A This campaign is about helping to save lives. High blood pressure is a silent killer. Every year in England alone there are 170,000 deaths, where high blood pressure is a cause or contributing factor. Too much salt is a significant risk factor for high blood pressure, which currently affects at least one in three people in England.

## Q What is the effect of high blood pressure?

A People with high blood pressure are three times more likely to develop heart disease and stroke and twice as likely to die from these diseases than those with normal levels.

## Q How will cutting down on salt consumption make a difference?

A A modest reduction in salt intake has a significant effect on blood pressure after only four weeks. But the lower salt intake will need to be continued to maintain this effect.

## Q Not everyone has high blood pressure so why should they change?

A People's blood pressure increases as they get older. Research shows that the increase is less in countries where people generally eat less salt. Most people in the UK are eating more salt than they need.

## Q If 75% of our salt intake comes from processed foods how will this campaign help reduce salt intake?

A Raising awareness can help people take more control of their health. Since about 10-15% of salt in the diet is from what people add themselves, everyone can take steps to reduce the amount of salt they eat. People can look at labels and buy processed foods with less salt.

## Q Doesn't less salt mean less taste?

A Less salt does not mean less taste. Once people cut out salt their taste soon adapts to taste other flavours in food. And it's possible to add taste through other means. Already some manufacturers have shown they can take salt out without affecting the taste. And many chefs have shown how to prepare fantastic tasty food with less or no salt.

## Q Isn't too little salt dangerous?

A It would be very difficult to have too little salt. Salt is in food naturally and is present in almost everything we eat. The lowest level consistent with good health is about 2g of salt a day. People in the UK are eating on average 9.5g a day. The recommended limit of 6g a day is more than people need.

## Q Don't people need more when it's hot?

A There is no evidence to support this. There is evidence that shows people who live in very hot climates and have low salt consumption are not put at risk. We need very little salt in our diet to be healthy.

## Q What are the main sources of salt?

A The main sources of salt from individual foods in the UK diet are:

- Bread and other cereal products, for example breakfast cereals, pastries and biscuits
- Processed meat and fish products such as bacon, ham and sausages
- Dairy products, particularly cheese

Not all these foods are considered to have a high salt content. But because they are eaten in large amounts or very regularly, it's their overall contribution to salt intake that is relatively high.

## Further information

For more information on the science please go to pages vi and vii in this supplement or to the full scientific report published by the Scientific Advisory Committee on Nutrition, which is at: [www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf](http://www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf)

## Professor Graham MacGregor, Chairman, CASH (Consensus Action on Salt and Health)

On behalf of CASH, I would like to strongly support the launch of this campaign by the Food Standards Agency. Reducing salt intake will lower blood pressure

and will save thousands of people dying or suffering from strokes, heart attacks and heart failure. Indeed, if successful, it will result in the biggest improvement in public health since the introduction of clean water and drains into the UK in the late 19th century.



## Deirdre Hutton, Chair, National Consumer Council



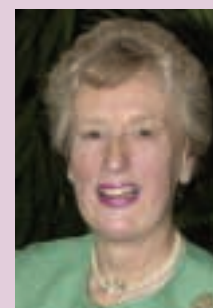
The FSA's determination to raise public awareness of the dangers of eating too much salt is timely and an important step towards improving the

nation's health. We are glad that the FSA recognises that an awareness campaign, on its own, cannot change diets. Their emphasis on working with the industry to reduce the salt content of processed foods is vital – particularly now that more hectic lifestyles mean a growing reliance on convenience and other fast food.

## Barbara Gill, Chair, National Federation of Women's Institutes

Too many people understand too little about the relationship between salt and health. We hope that, as a consequence of this campaign, better information

for consumers and responsible action by manufacturers will lead to significant reductions in salt consumption.



## Timeline to taming salt

The launch of the FSA's Salt Campaign is only the latest example of its work aimed at cutting salt intake in the nation's diet

### November 2001

An Agency study of five types of bread finds that sodium levels have dropped by up to 21% since 1998. Previous studies have shown that bread accounts for nearly a quarter of the salt in people's diets. The Agency urges manufacturers of other foods containing hidden salt, such as ready meals, to reduce the amount they use. [www.food.gov.uk/news/newsarchive/2001/nov/saltinbread](http://www.food.gov.uk/news/newsarchive/2001/nov/saltinbread)

### November 2002

For the first time, draft recommendations on the maximum daily amount of salt that babies and children should have are published in a study by the Scientific Advisory Committee on Nutrition (SACN). SACN is an independent expert advisory committees that advises the Agency. The study also finds increasing evidence for the link between high levels of salt in the diet and high blood pressure. This issue was first raised in 1994 by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) and SACN was asked to review the COMA evidence. [www.food.gov.uk/news/newsarchive/2002/nov/sacn\\_salt](http://www.food.gov.uk/news/newsarchive/2002/nov/sacn_salt)

### April 2003

In a speech to the Westminster Diet and Health Forum, Agency Chair Sir John Krebs says the FSA will increase its focus on diet and health and start talks with industry on reducing salt in food products. [www.food.gov.uk/news/newsarchive/2003/apr/healthfocusspeech](http://www.food.gov.uk/news/newsarchive/2003/apr/healthfocusspeech)

### May 2003

The FSA recommends maximum salt intake targets for children according to their age for the first time, based on advice from SACN. It reiterates the need for adult daily salt intake to be no more than 6g a day. [www.food.gov.uk/news/newsarchive/2003/may/salt\\_advice](http://www.food.gov.uk/news/newsarchive/2003/may/salt_advice)

### May 2003

The Agency and UK Health Departments meet with food industry representatives to discuss how to achieve salt reduction targets in processed foods. Agency Chair

Sir John Krebs and Public Health Minister Hazel Blears write to public sector caterers asking them to reduce the amount of salt used in the food they prepare. [www.food.gov.uk/news/newsarchive/2003/may/publicsectorsalt](http://www.food.gov.uk/news/newsarchive/2003/may/publicsectorsalt)

### June 2003

An FSA survey finds many popular ready meals are very high in salt, with one meal in the sample containing 98.3% of a whole day's salt quota of 6 grams. Half the meals surveyed contained more than 40% of the maximum recommended daily amount. [www.food.gov.uk/news/newsarchive/2003/jun/saltinreadymeals](http://www.food.gov.uk/news/newsarchive/2003/jun/saltinreadymeals)

### September 2003

An Agency survey of school lunchboxes shows that nine out of 10 contain food that is too high in saturated fat, salt and sugar. [www.food.gov.uk/news/newsarchive/2003/sep/school\\_lunchboxes](http://www.food.gov.uk/news/newsarchive/2003/sep/school_lunchboxes)

### October 2003

The Agency consults on a draft model to demonstrate the reductions required across the main food categories contributing to salt in the diet. This provides companies with a clear framework for setting targets and contributing to reducing intake to 6g a day. [www.food.gov.uk/news/newsarchive/2003/oct/saltmodel\\_consultation](http://www.food.gov.uk/news/newsarchive/2003/oct/saltmodel_consultation)

### November 2003

The Agency hosts a salt stakeholder meeting with the Department of Health. Public Health Minister Melanie Johnson warns that retailers, manufacturers and caterers could be forced to label some foods as 'high in salt' if they make poor progress in reducing the amount of salt in their products. She asks for salt reduction proposals from industry by February 2004. [www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4062686&chk=zDP/BA](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4062686&chk=zDP/BA)

### April 2004

The Agency begins consulting on its new draft strategic plan, which includes a target to reduce the average salt intakes of UK adults from the current 9.5g to 6g



per day by 2010. It also aims, by 2010, to reduce children's salt intake. The recommendations range from less than 1g per day for babies aged 0–6 months to 5g per day for 7–10 year olds, in line with the SACN recommendations. By 2006 the Agency intends to establish targets for salt content for the 10 food categories contributing most salt to the diet. [www.food.gov.uk/news/newsarchive/2004/apr/agencysnewstrategicplan020404](http://www.food.gov.uk/news/newsarchive/2004/apr/agencysnewstrategicplan020404)

### June 2004

The Agency commissions research into public perceptions of heart disease and stroke and the factors that trigger these conditions, including salt. [www.food.gov.uk/healthierating/dailydiet/salt/understandingperceptions](http://www.food.gov.uk/healthierating/dailydiet/salt/understandingperceptions)

### July 2004

An Agency survey of 98 fresh, frozen and takeaway pizzas finds large variations in the amounts of salt. One children's pizza was found to contain almost three times as much salt as that found in another brand of pizza. A second survey of baked beans and tinned pasta products found that some brands of standard baked beans contain only two-thirds the salt of others. [www.food.gov.uk/news/pressreleases/2004/jul/fsis5758press](http://www.food.gov.uk/news/pressreleases/2004/jul/fsis5758press)

### July 2004

The Agency's Board agrees an action plan to address the way foods that are high in fat, sugar and salt are promoted to children. The move follows a wide-ranging consultation and includes plans to publish best practice guidance on signposting foods that are high in salt. [www.food.gov.uk/news/newsarchive/2004/jul/foodpromoboard](http://www.food.gov.uk/news/newsarchive/2004/jul/foodpromoboard)

# Online resources support the Food Standards Agency's salt awareness campaign

The Food Standards Agency has created a special website to support its salt campaign. The website can be found at: [www.salt.gov.uk](http://www.salt.gov.uk)

The Agency's salt website provides a range of information and interactive tools to increase people's understanding of the salt issue, and enable them to take practical steps to reduce salt in their diet. It explains the effects of high blood pressure, counters some common myths about salt, gives tips on reading labels and cooking without salt, and provides advice on the maximum recommended amounts of salt for adults, babies and children.

## Salt and science

The site contains the full scientific report by the Scientific Advisory Committee on Nutrition (SACN) on which the Agency's campaign is based. SACN is one of the independent committees that advise the Agency. The committee reviewed more than 200 pieces of evidence before publishing its report.

### Further information

Details of SACN's report can be found at: [www.food.gov.uk/news/newsarchive/2003/may/salt\\_advice](http://www.food.gov.uk/news/newsarchive/2003/may/salt_advice)  
The full SACN report can be found at: [www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf](http://www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf)

## Support for the campaign

Many different organisations and individuals are supporting the Agency's salt campaign.

### Further information

The statements of support can be found at: [www.salt.gov.uk/quotes\\_of\\_support.html](http://www.salt.gov.uk/quotes_of_support.html)

## Sid the Slug

The Agency has used a comic character, Sid the Slug, to communicate its messages about salt in a humorous way.

### Further information

Sid's 'life story' can be found at: [www.salt.gov.uk/sids\\_story.html](http://www.salt.gov.uk/sids_story.html)

## Salt leaflet

The Food Standards Agency has also produced a joint leaflet on salt with the British Heart Foundation (BHF). A downloadable version is available on the website.

### Further information

The joint Agency BHF leaflet can be downloaded from: [www.salt.gov.uk/salt\\_leaflet\\_2004.pdf?zoom=100](http://www.salt.gov.uk/salt_leaflet_2004.pdf?zoom=100)

The main sections on the Agency's salt website are as follows:

### Salt and your health

- Blood pressure
- Heart disease
- Stroke
- In the body

### The salt you eat

- Hidden salt
- Salt myths
- Real people & salt
- History of salt

### Your daily limit

- How much is 6g?
- Babies & children
- Sodium & salt
- Benefits of less salt

### Cutting down

- Reading labels
- Salt calculator
- Healthy eating
- Cooking without salt
- Sid's game

### Further information

The Agency's dedicated salt website can be found at: [www.salt.gov.uk](http://www.salt.gov.uk)  
For regular news on the salt campaign and other aspects of the Agency's work go to: [www.food.gov.uk](http://www.food.gov.uk)

## In the body

During the 'In the body' animation on the salt site, Agency nutritionist Sam Church explains how too much salt can raise a person's blood pressure and damage their body.



### Further information

The 'In the body' animation is available at: [www.salt.gov.uk/in\\_the\\_body.html](http://www.salt.gov.uk/in_the_body.html)

## Salt calculator



A salt calculator on

the Agency's salt site enables users to make a quick calculation of the amount of salt in a product or portion, using the information about sodium given on the label.

Users can enter the number of grams (g) of sodium in 100g food. Then, by entering the amount of the food they are planning to eat (in grams) the calculator will tell them how much salt is in the pack or serving and what percentage it is of the daily recommended limit of salt for adults.

### Further information

The salt calculator is at: [www.salt.gov.uk/cgi-bin/saltcalc.pl](http://www.salt.gov.uk/cgi-bin/saltcalc.pl)

## Sid's game

The Agency's salt website includes a game for children and adults to help them get used to looking at food labels to see if the foods are high in salt.



Players help Sid as he dashes round the supermarket collecting food labels. The faster Sid completes his mission, the more points the player scores.

### Further information

Sid's game can be found on the Agency's dedicated salt website at: [www.salt.gov.uk/sids\\_game.html](http://www.salt.gov.uk/sids_game.html)

## Anton Edelmann



Salt levels need to be cut – not just in processed foods and at home but also in the catering industry. Flavour and taste don't

suffer if you remove salt. Salt simply covers up bad cooking and poor quality ingredients.

Anton Edelmann, first principal chef Directors Table, Sodexo's fine dining division, London, and Chef Patron of Allium at Dolphin Square, London.

## Nick Nairn



I welcome the FSA's campaign to raise awareness of this major health issue. However, while we need to

protect our children from becoming salt junkies, we need everyone, from processors to retailers, to work together and bring down salt levels at a realistic rate. We need industry on our side to do this.

Nick Nairn, a TV celebrity chef and author, teaches regularly at his cookery school in the Trossachs, Scotland.

## Antony Worrall Thompson



We have a right to nutritious food that hasn't been loaded with salt, and industry must appreciate this. Equally, however,

we all need to start taking responsibility for what we eat and what we give our children to eat. Checking labels for salt content is one way – getting stuck into some good home cooking without overusing the salt cellar at the table is another.

Antony Worrall Thompson, TV celebrity chef and restaurateur.

# The scientific case for a cut in salt consumption

In September 2001, the Scientific Advisory Committee on Nutrition was asked by the Food Standards Agency, supported by the Chief Medical Officer of Wales, to review the evidence since the 1994 COMA recommendations on salt intake, taking into account submissions that had been received from interested parties, and to consider making recommendations for children. Below we publish a summary of the committee's findings

Increased blood pressure, better known as hypertension, is the most common outcome that has been associated with high levels of salt intake. Hypertension is a major risk factor in the development of cardiovascular disease. The relative risk of cardiovascular disease increases as blood pressure rises even within what is considered the normal range of blood pressure, indicating that large numbers of people are at risk.

Although the key evidence for the association between high salt intakes and blood pressure relates to sodium, the major dietary source of sodium is salt.

The relationship between salt and blood pressure was previously considered in 1994 by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) as part of their report on Nutritional Aspects of Cardiovascular Disease.

COMA recommended a reduction in the average intake of salt by the adult population from 9g to 6g per day.

A similar proportionate reduction in the salt content of children's diets was recommended, but insufficient data were available to enable quantification.

The Scientific Advisory Committee on Nutrition (SACN) was asked by the Food Standards Agency and the Chief Medical Officer of Wales to review the evidence since 1994 and to consider making recommendations for children.

## Methodology

The key issues for consideration were: physiological requirements for sodium; salt sensitivity; effects of salt on blood pressure; and morbidity and premature mortality outcomes.

The framework for risk assessment developed by SACN (2002), was used as a template to identify and evaluate the available evidence.

## Main findings

Physiological requirements for sodium:

- No basis was found for a revision of the 1991 Dietary Reference Values for sodium or to change the 1994 COMA recommendation for a target salt intake of 6g/day (2.4g/100mmol sodium) for the adult population. 6g is higher than the Reference Nutrient Intake (RNI) and substantially greater than the salt intake required to maintain the sodium content of the body.

- The RNI values previously agreed by COMA (1991) for infants and children were accepted and used as a basis to set the daily target average salt intakes. These were: less than 1g/day for 0-6 months; 1g/day for 7-12 months; 2g/day for 1-3 years; 3g/day for 4-6 years; 5g/day for 7-10 years; 6g/day for 11-14 years.

- The target salt intakes set for adults and children do not represent ideal or optimum consumption levels, but achievable population goals.

## Effects of salt on blood pressure

- Since 1994, the evidence of an association between dietary salt intakes and blood pressure has increased. The data have been consistent in various study populations and across the age range in adults.

- The greatest reductions in blood pressure are observed when a diet rich in fruits, vegetables, and low-fat dairy foods, and reduced in saturated and total fat, is combined with a low salt diet.

- Long-term effects of dietary advice to reduce dietary salt levels show that significant effects of salt reduction on lowering blood pressure at 6 months are not sustained over time.

This reflects the difficulties faced by individuals in lowering salt intake, as most dietary salt originates from processed food.

*Morbidity and premature mortality outcomes*

■ There are insufficient reliable data on long-term effects of salt on cardiovascular disease outcomes to reach clear conclusions.

■ Evidence suggests that high salt intake causes left ventricular hypertrophy, a strong risk factor for cardiovascular disease, independently of blood pressure effects.

*Children*

■ There is a lack of data for effects of salt intake in childhood on cardiovascular health.

■ The evidence suggests long-term consumption of salt by children at levels currently habitual for adults being potentially harmful in later life; it would therefore be inadvisable for children to become accustomed to [these levels] of consumption.

*Conclusions*

■ Reducing the average population salt intake would proportionally lower population average blood pressure levels and confer significant public health benefits by contributing to a reduction in the burden of cardiovascular disease.

■ To achieve the recommended levels of salt intake for adults and children, a substantial reduction in the current average salt intake of the population is required.

■ A reduction in the salt content of processed food and drinks is necessary which requires the continued co-operation of food manufacturers, retailers, and caterers.

**Conclusions**

Sodium is an essential nutrient at all stages of life. Consumption of salt, however, should be within a range compatible with both short and long-term health.

The evidence for a direct association between salt intake and blood pressure has increased since COMA reported in 1994. High blood pressure remains a serious public health problem. A reduction in the average population salt intake would proportionally lower population average blood pressure levels and confer significant public health benefits by contributing to a decrease in the burden of cardiovascular disease.

For those aged 15 years upwards, the current recommendations of COMA for sodium and salt (DH 1991, DH 1994) remain valid and accord with the evidence base developed since COMA considered the issue. Specifically, no basis was found for a revision of the lower reference nutrient intake (LRNI\*) of 0.6g/24mmol sodium per day (1.4g salt),

the reference nutrient intake (RNI\*\*) of 1.6g/70mmol sodium per day (4g salt) and the target reduction in average intake of salt by the population to 6g per day (2.4g/100 mmol sodium).

The sodium level contained in breast milk is adequate to maintain health for infants. For children, the RNIs established by COMA (DH, 1991) are accepted.

For children, health benefits would be gained from a reduction in average salt consumption. The population targets for average salt consumption, presented in the table below, do not represent an optimal or ideal level of salt consumption but they represent achievable population goals.

*Daily target average salt intakes for infants and children*

Age	Target average salt intake (g/d)
0-6 months	1
7-12 months	1
1-3 years	2
4-6 years	3
7-10 years	5
11-14 years	6

To achieve the recommended levels of salt intake for adults and children, a substantial reduction in the current average salt intake of the population is required. This would be best achieved using a population-based approach through the adoption of a healthy balanced diet, low in salt and saturated and total fat, and rich in fruit, vegetables, and complex carbohydrates.

A reduction in the salt content of processed food and drinks is necessary. Key to achieving this is to limit the addition of salt during processing and preparation of foods and to foods eaten outside the home. In addition, the amount of salt used in foods cooked at home, and at the table, should be reduced.

A general healthy lifestyle approach is also required to reduce population blood pressure levels and should include strategies aimed at increasing physical activity and reducing alcohol consumption and levels of obesity.

\* The LRNI represents the amount of a nutrient likely to meet the needs of 2.5% of the population. \*\* The RNI represents the amount of a nutrient likely to meet the needs of 97.5% of the population.

**Further information**

The SACN report can be downloaded at: [www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf](http://www.food.gov.uk/multimedia/pdfs/saltandhealth0503.pdf)

**Paul Lincoln, CEO, National Heart Forum**

Reducing salt in the diet is one of those rare phenomena in public health – a magic bullet that will benefit the whole population very quickly. We wholeheartedly

support the FSA's campaign, which is key to supporting a range of approaches that the Government is clearly committed to in order to achieve this end.

**Professor Carol Black, President, Royal College of Physicians**

The experience of doctors bears out the research conducted by the FSA for this campaign: that many people do not appreciate the link between excessive salt in diet and high blood pressure, heart disease and stroke. People need to receive clear advice about salt and associated health risks to enable them to make appropriate changes to their salt intake.

**Support from the food industry**

'Consumers do need to be made more aware of the link between high salt intake and increased blood pressure, which is why we welcome the FSA campaign to raise public awareness around salt and health with information to help consumers reduce their intake. We support the need for this concerted action to reduce salt intake of an average population intake of 6g per day by 2010. As caterers, manufacturers and retailers we have taken steps to reduce salt in processed foods and in food service over several years.'

The above statement of support for the Agency's campaign has been endorsed by The British Retail Consortium, Food and Drink Federation, British Hospitality Association and National Farmers' Union, plus the following food companies: Asda, Burger King, Co-op, Iceland, Marks and Spencer, Sainsbury's, Spar, Tesco, Waitrose.

## Salt consumption: what the Agency recommends

The Agency recommends that adults should have less than 6g of salt a day.

### How can consumers tell if a food is high in salt?

■ It can be difficult to calculate the exact amount of salt eaten in a day. But the nutritional information on labels can provide a quick way of estimating the amount.

### A LOT of salt, would be:

- 1.25g salt or more per 100g
- 0.5g sodium or more per 100g

### A LITTLE salt would be:

- 0.25g salt or less per 100g
- 0.1g sodium or less per 100g

If a food contains between 0.25g and 1.25g salt (or between 0.5g and 0.1g sodium) per 100g, this is a moderate amount.

The Agency recommends that adults should try to avoid eating lots of foods that are high in salt (1.25g salt or more per 100g). High consumption of these foods can easily lead people to exceed the daily recommended maximum limit (6g).

### How much salt should babies have?

Babies need only a very small amount of salt – less than 1g a day up to 12 months. Their kidneys can't cope with larger amounts of salt. Babies who are breastfed will get the right amount of salt through breast milk. Infant formula contains a similar amount.

Salt should not be added to food given to babies, and babies should not be given processed foods that aren't made specifically for them, such as breakfast cereals and pasta sauces, because these can be high in salt.

### How much salt should children have?

The daily recommended maximum for children depends on their age:

- 1 to 3 years – 2g salt a day (0.8g sodium)
- 4 to 6 years – 3g salt a day (1.2g sodium)
- 7 to 10 years – 5g salt a day (2g sodium)
- 11 and over – 6g salt a day (2.5g sodium)

These are the recommended maximums for children. It is better for them to have less.

Even if processed foods are specifically aimed at children, the information on the labels should be checked so consumers can choose those that contain less salt.

## Key facts about salt and health

### Salt consumption

- Experts recommend that we should be eating no more than 6g of salt a day.<sup>1</sup> 6g of salt is roughly equivalent to one level teaspoon
- The average amount of salt eaten by adults is 9.5g a day.
- Adult men are eating on average 11g of salt a day. Adult women are eating on average 8.1g of salt a day.<sup>2</sup>

### Salt and health

- Eating high amounts of salt is linked to high blood pressure or hypertension, which substantially increases the risk of heart disease and stroke.
- High blood pressure is a cause, or a contributing factor, in over 170,000 deaths each year in England.<sup>3</sup>
- Blood pressure is measured in millimetres of mercury (mm/Hg) and is based on a calculation of a person's systolic pressure over their diastolic pressure.

High blood pressure is defined by the British Hypertension Society as 140 mm/Hg systolic and 90 mm/Hg diastolic

- Coronary heart disease (CHD) causes nearly 117,500 deaths a year in the UK – about one in five deaths in men and one in six deaths in women.<sup>4</sup>
- Each year over 100,000 people in England and Wales have a first stroke. About 10,000 of those people are under retirement age.<sup>5</sup>
- Research studies show that reducing salt in the diet can lower blood pressure within four weeks.<sup>6</sup>

### References

1. Recommendation by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) 1994. Appraised and endorsed by the Scientific Advisory Committee on Nutrition (SACN) April 2003
2. National Diet and Nutrition Survey of Adults 19-64, vol 3, 2003
3. The Annual Report of the Chief Medical Officer of the Department of Health 2001
4. Peterson, Peto and Rayner, 'Coronary Heart Disease Statistics', 2004 edition, British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford

### Salt and food

- Approximately 75% of the salt in our diet comes from processed foods, 10-15% comes from salt added during cooking or at the table and 10-15% is found naturally in most foods.<sup>6</sup>

### Main sources of salt in food

- 35% bread, breakfast cereals, biscuits, cakes, rice, flour and pasta
- 32% meat products, fish products and egg products
- 14% vegetable and potato products, including savoury snacks, preserves and beverages
- 11% dairy products, including cream and cheese and fats, including spreads)
- 8% others – including soup, sauces, condiments and artificial sweeteners.<sup>2</sup>

### Salt and sodium

Salt is made up of sodium and chloride. It's the sodium in salt that can be bad for health. Sodium is usually listed in the nutritional information on food labels. Salt is also listed on some foods, but not all.

If a label mentions how much sodium is in a food, the amount of salt in it can be calculated roughly by multiplying the sodium by 2.5. If, for example a portion of food contains 1.2g sodium then it contains about 3g salt.

### Further information

See the Salt calculator at:

[www.salt.gov.uk/cgi-bin/saltcalc.pl](http://www.salt.gov.uk/cgi-bin/saltcalc.pl)

5. Incidence from Office of Health Economics, 1989; Health Survey for England, 1991, Population from Office of National Statistics
6. Sacks FM, Svetkey LP, Vollmer WM, Appel LJ, Bray GA, Harsha D, Obarzanek E, Conlin PR, Miller ER 3rd, Simons-Morton DG, Karanja N, Lin PH. *Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet*. DASH-Sodium Collaborative Research Group. *New England Journal of Medicine* 2001; 344[1]:3-10. British Nutrition Foundation 1994

# Catering for the consumer interest

Chef and restaurateur Nelisha Wickremasinghe, below, joined the FSA Board in May 2004. She talks to *FSA News* about how she's found the first few months

As one might expect of a chef and restaurateur, Nelisha Wickremasinghe is keen to ensure she provides value for money as an FSA Board member. Being prepared to challenge and question at Board meetings is an essential part of that, she says.

'I'm very aware that taxpayers are paying good money to have us sit on the Board and consider their interests,' she says. 'What I try to do is put myself in the mindset of a consumer, and ask the questions that they might want to ask.'

'Other people bring different skills and expertise to the Board. But I come from a background in which consumers (and patients) have been able to question me directly – and now I'm in the privileged position of being able to ask similar questions openly on the Board.'

**'I'm very aware that taxpayers are paying good money to have us sit on the Board and consider their interests...what I try to do is put myself in the mindset of a consumer, and ask the questions that they might want to ask'**

She acknowledges that getting up to speed with all of the Agency's work and policies has meant she's been on a very steep learning curve. With this in mind, she's set herself a target of getting involved in a few areas that are of particular concern to her. These include children and nutrition, and the Hazard Analysis and Critical Control Points (HACCP) food-safety management system being promoted by the Agency.

As a restaurateur, one thing she intends to do is to visit some of the restaurants involved in the pilot of *Safer food, better business*, to see what practical issues arise for people trying to implement it.

Her experience in the NHS suggests that having policies right on paper is not always enough. 'In the health service, excellent policy initiatives were often introduced from the top, but they couldn't always be implemented for a variety of practical reasons,' she explains.

Stakeholders play a vital role in this respect, she suggests. 'One thing we should be doing is making sure the public



Before joining the Board, Nelisha Wickremasinghe spent 12 years working in the NHS and voluntary sector, first as a research psychologist and psychotherapist, then becoming a senior manager of mental health services in London and Kent.

Five years ago she set up an organic Sri Lankan spice company, and in 2002 left the NHS to open the restaurant 'Archiamma' in Exmoor. She is both proprietor and chef of the restaurant, which specialises in using regional produce to make local traditional dishes.

She is also a Board Member of Avon and Somerset Probation Board.

are aware of the issues, and that we're not the only people who are dealing with these issues.

'There are lots of stakeholders involved in the different areas of Agency responsibility, and we work together – for example working with the British Heart Foundation on the salt campaign. We work in collaboration with stakeholders to ensure the message to the public is clearer and stronger.'

However, stakeholder awareness of the work of the Agency and how it operates should not be taken for granted, she feels.

'We had a stakeholder meeting recently to look at the transparency issues – as the Agency genuinely wants to be open and transparent by making its decisions in

public,' she says. Surprisingly, a few of the stakeholders in a workshop group that she was in thought that the open Board meetings seemed stage-managed. 'That was really tough, because it isn't – it so isn't,' she says. 'Apart from your own reading of papers there is no "rehearsal" or preparation – it is a live and spontaneous discussion.'

She also acknowledges that despite the FSA's increasing public profile, it won't be in the minds of many members of the public to come to open Board meetings to question the Agency on its work. 'Not enough of the public knows what the Agency does and what it's responsible for,' she says, 'whereas most people know what their local NHS trust is about and what it is doing.'

The creation of the Agency's new diet and nutrition department should help to get the Agency's message over to the public more directly, she feels.

'To some extent it's a new area of work for the FSA, and I think it's something that's going to resonate more with the public. The challenge will be to take up those issues and develop a direct relationship with consumers.'

'I think that some of the Agency's more science-based interests go over many people's heads, whereas people are prepared to listen more on diet and nutrition – particularly when children are concerned.'

The Agency's next Open Board meeting will be held on Thursday 14 October at the Hilton Belfast, 4 Lanyon Place, Belfast, BT1 3LP.

Stakeholders and members of the public can attend in person or view the meeting on a live webcast.

The agenda and papers will be available in advance on the Agency's website at [www.food.gov.uk/aboutus/ourboard/](http://www.food.gov.uk/aboutus/ourboard/)

Proposed agenda items include the Agency's Policy on Sustainable Development and its Strategic Plan 2005-2010.

There will also be a question and answer session at the end of the meeting.

#### Further information

Anyone interested in attending can register online at: [www.glasgows.co.uk/fsa/registrationform.htm](http://www.glasgows.co.uk/fsa/registrationform.htm)



## Final Reports of Completed Research Projects

Copies of the following research reports have been placed in the Food Standards Agency's Library & Information Service (LIS).

The reports may be viewed at the LIS, or a copy obtained for a handling fee of £10 (for individuals) or £15 (for institutions), which includes post and packaging. Cheques are payable to the Food Standards Agency.

### Further information

Contact Dr John Dixon, Assistant Librarian, Food Standards Agency, 125 Kingsway, London WC2B 6NH, tel: 020 7276 8060; email: [john.dixon@foodstandards.gsi.gov.uk](mailto:john.dixon@foodstandards.gsi.gov.uk)

For technical information please get in touch with the contacts shown below each finalised report.

Project  
A03027

### Title Determination of the potential for transfer from secondary packaging to foods and development of guidelines to reduce transfer to levels of no concern

Division  
Chemical Safety and Toxicology

This research has shown that there can be chemical transfer from secondary packaging to foods. Combinations of outer (secondary) packaging and direct food-contact (primary) packaging have been used to investigate possible migration from secondary packaging to food. Model substances, representing a range of chemical types and volatilities, were introduced into cartonboard and corrugated board – materials commonly used as secondary packaging. The potential for transfer of these compounds to food was studied. As a result of this research, guidelines have been produced for the use of secondary packaging materials to minimise transfer of substances from them into food.

### Further information

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Project  
Q01057

### Title Identification of markers in ciders and fruit drinks

Division  
Consumer choice

The juice content of a drink may be an important parameter affecting consumer choice. The labelling regulations stipulate that soft drink products, such as orange squash/drinks, should display their juice content. Alcoholic drinks such as cider do not require this labelling at present. This project was directed towards development and assessment of methods that could be used to provide a quantitative analysis of juice content in both product types. The plan for this project was to carry out a literature search to identify which parameters could be used to assess the juice content of orange-based drinks and ciders. Once the literature search was completed, a laboratory validation exercise of the marker effectiveness was undertaken in each case.

### Further information

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Project  
T05024

### Title A quality assurance scheme tailored to the analysis undertaken in the phytoestrogens research programme

Division  
Chemical Safety and Toxicology

Measurement of phytoestrogen concentrations in foods and biological fluids is acknowledged as a difficult analytical area. The Food Standards Agency commissioned a quality assurance scheme to test the analytical performance of contractors in its research programme undertaking analysis of phytoestrogens in food, urine and blood. Labs in many other countries also took part in the scheme. The analytical performance of the Agency's contractors was established and found to be acceptable. In addition, suitable analytical methods for phytoestrogen analysis were identified.

### Further information

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Project  
N05035

### Title Application of proteome technologies to the determination of elements of the expressed genome responsive to folate

Division  
Nutrition

This project comprised a proteomic analysis of stored blood samples from two previous projects, where subjects had received folic acid supplements. The aim of the project was to characterize the effect of folic acid supplements and genotype on plasma protein expression. Unfortunately, the contractors were unable to resolve the proteins of interest using the techniques employed. This was due to the dynamic range of proteins in the plasma, as a proteomic analysis of human colonic mucosa samples was successful. This project highlights the difficulties in the proteomic analysis of blood samples.

### Further information

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Project  
N02013

### Title Evaluation of effects of dietary exchange of individual saturated fatty acids on haemostasis and vascular function

Division  
Nutrition

This project comprised a parallel intervention trial investigating the effect on cardiovascular risk factors of a diet higher in either of the saturated fatty acids, palmitic or stearic acid. Healthy subjects (n=101; aged 40 or more) were provided with either palmitic or stearic acid rich spreads and baked goods, or control foods, for four months. The subjects were assessed for haemostatic and vascular function at the beginning and end of the trial. Overall, neither dietary intervention effected any significant change, suggesting that there there is no advantage in terms of cardiovascular risk of the dietary exchange of, the saturated fatty acids, stearic for palmitic acid.

### Further information

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## The Poultry Meat, Farmed Meat, Farmed Game Bird Meat and Rabbit Meat (Hygiene and Inspection) (Amendment) (England) Regulations 2004

Views are being sought on a proposed amendment to the Poultry Meat, Farmed Game Bird Meat and Rabbit Meat (Hygiene and Inspection) Regulations 1995 (PMRs).

This would correct an under-implementation of the EU Poultry Meat Directive 71/118 in respect of the prohibition on the use of water retention agents in fresh poultry meat.

Article 5(1)(b) of Directive 71/118 prohibits the placing on the market of poultry meat where agents that specifically promote water retention have been used.

The PMRs, in implementing Directive 71/118, do not mention the prohibition on the use of water retention agents. Hence this is an under-implementation.

The Agency has been putting pressure on the European Commission to adopt a variety of measures following the discovery in the UK of excessive added water and pork and beef proteins used as

water retention agents in poultry meat preparations imported from the Netherlands and Belgium. Although the Commission has not yet agreed to take these measures, it has recently called on Member States to enforce the prohibition in article 5(1)(b) mentioned above.

It has also said that it will ask its Food and Veterinary Office to carry out inspections in the Member States in order to verify that this prohibition is being enforced.

Enforcement of this prohibition, however, will not of itself solve the problem of the use of water retention agents and the addition of excessive amounts of water in poultry meat products.

This is because the prohibition relates only to the use of water retention agents in fresh poultry meat, not in poultry meat preparations.

The products in question from the Netherlands and Belgium were the latter.

This is why the UK has asked the Commission additionally to act (i) to extend the prohibition to preparations as well as to fresh meat and (ii) to impose a maximum limit on the amount of added water in poultry meat products generally.

Against this background, the Agency considers that the best course would be to amend the PMRs to properly implement the prohibition.

The deadline for responding is 10 December 2004.

### Further information

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A regulatory assessment can be found at: [www.food.gov.uk/multimedia/pdfs/pmrria2004.pdf](http://www.food.gov.uk/multimedia/pdfs/pmrria2004.pdf)

The statutory instrument can be found at: [www.food.gov.uk/multimedia/pdfs/pmrri2004.pdf](http://www.food.gov.uk/multimedia/pdfs/pmrri2004.pdf)

## Draft guidance on the Food Supplements (England) Regulations 2003

These new regulations governing the composition and labelling of food supplements will come into effect on 1 August 2005, interpreting European Directive 2002/46/EC that came into force on 12 July 2002. Parallel regulations are in place in Scotland, Wales and Northern Ireland.

The regulations define the term 'food supplement'; introduce a list of substances that may be used as sources of vitamins and minerals in the manufacture of food supplements; and set out requirements for labelling in addition to those already included in the Food Labelling Regulations 1996 (as amended).

The Agency has drawn up draft guidance notes to aid manufacturers and enforcement bodies in the interpretation of the regulations. The purpose of this consultation is to seek stakeholders' views on the guidance document.

Responses are requested by 13 December 2004.

### Further information

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The draft guidance can be found at: [www.food.gov.uk/multimedia/pdfs/Suppsconsult16Sep04.pdf](http://www.food.gov.uk/multimedia/pdfs/Suppsconsult16Sep04.pdf)

## Draft Sweeteners in Food (Amendment) (England) Regulations 2004

Comments are being sought on the draft regulations implementing European Parliament and Council Directive 2003/115/EC amending directive 94/35/EC on sweeteners for use in foodstuffs, and Commission Directive 2004/46/EC amending Directive 95/31/EC.

European Parliament and Council Directive 94/35/EC sets out a list of authorised sweeteners, the foodstuffs in which they may be used and their conditions of use. Commission Directive 2004/46/EC lays down specific purity criteria for two new sweeteners, sucralose (E955) and salt of aspartame-acesulfame (E962).

Directive 2003/115/EC of 22 December 2003 amends Directive 94/35/EC for the second time. The key changes are as follows:

- the authorisation of two new sweeteners, sucralose (E955) and salt of aspartame-acesulfame (E962) throughout the European Union (EU)
  - changes to the conditions of use for aspartame (E951). Aspartame can be used in additional categories
  - changes to the conditions of use of cyclamic acid and its sodium and calcium salts (E952; 'cyclamate')
- Member States accepted that there was

a need to reduce the maximum usable dose of cyclamate in soft drinks following the SCF's revised opinion on cyclamate (E952) published in March 2000. This opinion established an Acceptable Daily Intake (ADI) for cyclamate of 0-7mg/kg bw/day.

### The proposed regulations

The Sweeteners in Food Regulations 1995 have been amended six times (in 1996, 1997, 1999, 2001, 2002 and 2003) to implement amendments to Directives 94/35/EC and 95/31/EC respectively. The draft Sweeteners in Food (Amendment) (England) Regulations 2004 will implement the provisions of these Directives in England.

### Devolved administrations

Separate consultations will be carried out in Scotland, Wales and Northern Ireland.

Responses are requested by 25 November 2004.

### Further information

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The draft Sweeteners in Food regulations are at: [www.food.gov.uk/multimedia/pdfs/draftsweetesi.pdf](http://www.food.gov.uk/multimedia/pdfs/draftsweetesi.pdf)

A partial regulatory impact assessment can be found at: [www.food.gov.uk/multimedia/pdfs/sweeteners\\_ria\\_eng.pdf](http://www.food.gov.uk/multimedia/pdfs/sweeteners_ria_eng.pdf)

Continued from page 4

One of the early indicators from this study was that the absence or presence of systems based on HACCP principles in food businesses appeared to have no influence on the likelihood of an outbreak occurring. This highlighted the need to ensure that systems based on HACCP principles were not only in place, but were also being properly implemented.

Silvia Amantea-Collins, CMi, then gave a presentation on work undertaken with Weber Shandwick to produce a Global Issues Prediction System, a new method of monitoring and evaluating potential risk areas in food safety. The system is designed to provide clients with an early indication of potential risks, based on a global network of relevant information.

Marijn Colijn, from the Dutch Food and Consumer Product Safety Authority, concluded the presentations in this session with a talk on prioritising enforcement programmes in the Netherlands, based on analysis of continuously updated historical enforcement data. Marijn demonstrated the prototype data analyser, developed in 2003 with the aim of identifying common areas of non-compliance, via a number of search options, to inform enforcement activity.

Following the presentations, there was general agreement on the benefits of utilising available enforcement data to determine potential risk areas and to prioritise enforcement. There was also a lot of interest in the interim findings of the research being carried out by the University of Wales, which is the one ongoing project in the Agency's enforcement research programme and is due to complete in March 2005.

## Informing consumers

The final session of the programme looked at 'informing consumers', and included presentations on a number of award schemes aimed at increasing consumer awareness and improving standards in food businesses.

Jette Bager, from the Danish Veterinary and Food Administration, described the experiences in Denmark with the publication of inspection reports on the Internet and the evaluation of businesses using a nationally implemented tiered system of 'smiley faces'.

There is a mandatory requirement for businesses in Denmark to display inspection reports incorporating the 'smiley' and the scheme is used not only

to inform consumers but also to drive up standards in food businesses through the desire to achieve the highest smiley standard.

Martin Roper, Excellence Ireland Quality Association, followed with a presentation on the Hygiene Mark in Ireland, which aims to recognise best practice.

The scheme is operated on a voluntary basis and provides for an independent audit against a set of hygiene mark guidelines, which incorporate relevant legislation and accepted standards. Similar to those in Denmark, the scheme offers a tiered award to represent the degree of achievement.

The final presentation of the event was made by Trevor Williamson, FSA Northern Ireland, who described the 'Eat Safe' Food Hygiene Award Scheme, which is currently being implemented in



Trevor Williamson

recognise particularly high standards of achievement in food hygiene practice.

Subsequent discussion recognised that there were a variety of award schemes currently operating in the UK, from national schemes such as the one in Northern Ireland to those operated by local authorities. There was general agreement on the value of achieving one recognised standard in the UK. However, the implications for achieving this, such as requiring mandatory involvement by all relevant parties, needed to be considered further.

The Agency has received positive feedback on the seminar, with the vast majority of attendees finding the information and discussion useful.

In conclusion, David Statham said: 'Clearly, there are a number of interesting challenges ahead. This event has advocated the importance of learning from experience of different enforcement approaches both in the UK and the EU.'

## Further information

A report of the Food Law Enforcement – Learning from Others seminar, including further details on the presentations, will be made available on the Agency website at: [www.food.gov.uk/enforcement/](http://www.food.gov.uk/enforcement/) See information on the Danish 'smiley' scheme in English at: [www.uk.foedvarestyrelsen.dk](http://www.uk.foedvarestyrelsen.dk)

## Microbiological Safety Programme reviews

The Food Standards Agency is reviewing and evaluating its research programmes in the area of microbiological safety. Programme reviews are intended to provide interested parties with the opportunity to discuss the work funded by the Agency to date and to help identify priorities for the future. In addition, Agency research programmes are being formally evaluated by invited panels of independent experts.

As part of this process, a review of the B11 Verocytotoxin-producing *Escherichia coli* (VTEC) Research Programme will be held on Tuesday 18 January 2005 in central London.

The VTEC review will be held in two stages. The first stage will focus on evaluating the current VTEC programme, featuring projects funded in the areas of methodology and virulence characteristics, and will include a series of presentations by project leaders, focused discussions and opportunities for questions and answers. Further information on the projects may be viewed at the website below.

The event is free, but those wishing to attend must register by Monday 15 November 2004. Early registration is recommended as places will be limited.

The Agency will be organising a further event in March 2005 to consider VTEC future research priorities, including any suggestions put forward at the review event.

## Further information

For more on the projects go to:

[www.food.gov.uk/science/research/researchinfo/foodborneillness/ecoliresearch/b11prog/](http://www.food.gov.uk/science/research/researchinfo/foodborneillness/ecoliresearch/b11prog/)

To register, contact Shanoor Ali, tel: 020 7276 8904; email:

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