



Consensus Action on Salt & Health



ANNUAL REPORT

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Consensus Action on Salt & Health

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About CASH

Consensus Action on Salt and Health (CASH) is a group of specialists concerned with dietary salt consumption and its effects on health. CASH, and its international arm World Action on Salt and Health (WASH) is successfully working to reach a consensus with the food industry and Governments over the harmful effects of a high salt diet and bring about a reduction in the amount of salt in processed, catered and restaurant food, as well as salt added to cooking and at the table.

Salt is the main factor in causing high blood pressure, the consequence of which is strokes and heart attacks; these diseases are the biggest causes of death and disability in the UK. If everyone achieved the target of 6g salt per day, the 2.1g reduction from the current daily average level of 8.1g would mean that almost 17,000 lives would be saved each year. Salt is also linked to a number of other health conditions including stomach cancer, osteoporosis, kidney stones, kidney disease and obesity.

Salt intakes have fallen in the UK from 9.5g to 8.1g since 2001, a drop of 15%. This steady and continuous decline in salt intakes is extremely encouraging, as studies suggest that this reduction in average daily salt intake, through the reduction it has on blood pressure, will prevent approximately 20,000 strokes, heart attacks and heart failures, 8,500 of which are fatal in the UK every year. Nevertheless, many adults still eat up to twice the maximum amount of salt that is currently recommended (6g/day). This coherent programme is now being rolled out worldwide, and we are seeing similar actions in other countries.

The success of the salt reduction programme has led CASH to launch 'Action on Sugar' in January 2014. Following the model of salt reduction, Action on Sugar is working to reach a consensus with the food industry and Government over the harmful effects of a high sugar diet, and bring about a reduction in the amount of sugars in processed foods.

AIMS

- I) The identification and relief of those who suffer from the effects of a high salt or sugar intake or whose health is more at risk from a high salt or sugar intake;
- II) To advance education by providing information and training on the effects of salt or sugar intake on health and to undertake and disseminate research into the effects of salt and sugar on health;
- III) To promote the benefits a reduction in salt and sugar intake and to increase the understanding, awareness and recognition of the effects of salt and sugar intake on health
- III) Identification of those who suffer from the effects of, or whose health is more at risk from a high salt or sugar intake; to advance education of the effects of salt and sugar intake and disseminate research into the effects of salt and sugar; to promote the benefit of a reduction in salt and sugar intake and to increase the understanding, awareness and recognition of the effects of salt and sugar intake on health.



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CASH MEMBERS

Chairman
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Professor MEJ Lean
Professor R Michell
Professor PM Dodson
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Professor FP Cappuccio
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Summary of the year 2014/2015

Welcome to our latest annual report for 2014/2015. The last year has been somewhat challenging for salt reduction in the UK, but we have been working hard to ensure it remains a public health priority. New salt targets were set under the Department of Health's Responsibility Deal in March, but very few companies have taken an interest in it, with less than 50% uptake from companies previously signed to the 2012 targets. There have been concerns that companies are losing momentum in salt reduction, with very little monitoring or enforcement from the Department of Health. As a result CASH has written a publication to reflect these concerns, as well as a call for government to had responsibility for nutrition to an independent organisation who will take it upon themselves to strictly monitor the food industry.

We had the sixteenth annual Salt Awareness Week and carried out a number of food surveys focused on key contributors of salt to the diet. This coincided with the publication of our randomised controlled study in China, which found that salt awareness through education can make a real difference to family intakes and overall health.

Salt reduction efforts have been going on across the globe, with the World Health Organisation endorsing a global target to reduce salt intakes by

30% by 2020, many countries have been in touch for advice on how to implement a similar strategy as the UK to their political landscape.

Our venture into the healthy app world has been a rising success, with downloads for FoodSwitch increasing exponentially. In August we entered the Public Health England Health X Initiative competition and won! Supported by NHS, Change4Life, TechCity and The Telegraph, the Health X initiative aims to help individuals and families eat well and move more through innovative technology.

Staff changes

With the success of campaigning work by Action on Sugar and with the wonderful news of Katharine's pregnancy, we are now looking to expand the team and employ a campaign manager for our work on sugar to work alongside Kawther Hashem, who has been promoted to Researcher.

Whilst Katharine is away on maternity leave, Sonia Pombo will lead the work of CASH and Clare Farrand will continue to lead on WASH, both supported by Stephanie Tucker.



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Government Level Work

THE PUBLIC HEALTH RESPONSIBILITY DEAL (RD)

New targets for 2017 were published in March 2014. These were announced following a number of meetings between the Department of Health, Food Industry and CASH in the summer of 2013, to review the 2012 targets and discuss opportunities for further reductions.

CASH spent a considerable amount of time contacting many members of the food industry and out of home sector and encouraging them to sign up to the targets and make a public commitment to salt reduction. We reiterated that the targets will only be successful if all companies sign up, creating a level playing field and resulting in further reductions at a much faster pace. We highlighted, particularly to those already signed to the 2012 targets that the 2017 targets should be seen as a continuation of the efforts already made to reduce public salt intakes. Upon launch, no company had signed up to the 2017 salt targets. Companies soon followed however, with 39 signatories to date. This however is a small percentage in comparison to those who had committed to the 2012 targets up until its expiration (79 signatories).

What was most disappointing was the lack of interest in the new targets set for the out of home sector. These targets were set in response

to feedback from the restaurant and catering industry who had argued that per 100g targets were not relevant to their industry and were hard to implement. Targets were therefore set for 10 of the most popular meals purchased when eating out, as well as a specific target for children's dishes. Upon launch one 1 company had signed up (Subway), and in the last year on an additional 6 have agreed to the targets (including CASH). Others have been reluctant, stating they have decided to follow the 2012 or 2017 targets instead, or have indicated they have internal targets to which they are implementing. We believe this to be an excuse, as there is no way of proving that to be the case.

There is quite a lot of speculation as to the future of the Responsibility Deal, with very little momentum behind it. When the salt reduction programme began back in 2003, the intention was to set targets to be met within an achievable time frame, with further reductions made every two years so as to keep the momentum going. Under the Responsibility Deal these timelines were lost, with new targets only set in 2014 for December 2017. It would appear the Department of Health have failed to enforce the targets, monitor the industry, or apply enough pressure for industry to take them seriously. We believe this has caused significant delay in salt reduction, highlighted in a recent publication by CASH in the British Medical Journal – blaming the coalition government for a huge set back in what was once deemed the most successful salt reduction policy since the Second World War.



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POTASSIUM REPLACERS

As part of the DH's strategy for action beyond 2012 last year, they sought to consider in more depth, the issues around use of potassium-based salt replacers and its effect on vulnerable groups of people, particularly the elderly, young and those suffering with severe kidney disease. DH requested help from industry for information on the products that salt replacers would be used in, the levels of addition and the likely reduction of salt in products.

They have since requested the help of the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (COT). COT concluded that young children would unlikely be more sensitive to excess potassium and that, regardless of this, their exposure would be limited since few potassium based additives are permitted in infant foods. It was also concluded that the elderly would not be put at risk, nor would those with diagnosed chronic kidney disease, provided they are told by doctors what foods to avoid and that potassium is clearly labelled. The draft statement by COT (TOX/2014/39) goes on to say that among people with undiagnosed kidney disease, it is thought that 25% salt replacement by potassium might lead to as many as 11,200 additional cases of hyperkalaemia per year, however this figure is subject to substantial uncertainty. The report concludes that if potassium replacers were to be implemented, it would be advisable to monitor its application and incidence of hyperkalaemia. SACN

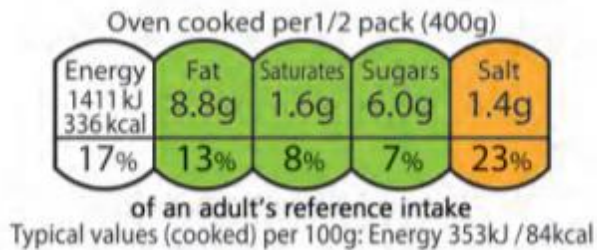
must now review COTs statement and provide an opinion to the Department of Health. This has been an extremely lengthy process, and is likely to drag on until the end of the year. To put figures into perspective, it is thought that replacement 25% of salt by mineral replacers would only add the same amount of potassium to the diet as a potato, or 2 small handfuls of nuts.

What has been most disappointing from this process is the subsequent delay in salt reduction efforts, with many companies using this as an excuse to stall progress. CASH's view is that these companies should be looking towards other solutions, not just salt replacers. The use of replacers is a useful short term alternative to replacing sodium in products, but does not alter the salty taste profile.

Although we are disheartened with the Department of Health's delay in coming to a decision, we have reiterated that whilst the general population would benefit from a slight increase in dietary potassium, it should not be seen as the only solution to salt reduction. Where categories of food do not require the use of salt for safety reasons, it should do without so that people's palettes can adjust and eventually obtain a less salty preference for foods. For those categories of food in which salt reduction is particularly struggling (meat and morning goods) we agree that use of salt replacers would indeed help reduce average intakes even further.

FOOD LABELLING

CASH, along with a number of other health organisations, have long been urging the government to recommend the use of colour-coded labelling in a consistent and easy to read manner on front-of-pack (FoP) across all food products. As such the government published some guidance for industry to follow and created a front of pack pledge under the Responsibility Deal, which CASH supported.



The full list of companies signed up to the labelling scheme are:

- A. G. Barr
- Adelle Foods Group
- Allied Bakeries
- The Co-operative
- Freedom Cereals
- LIDL
- Marks & Spencer
- McCain Foods
- New Covent Garden Soup
- PepsiCo
- Sainsbury's
- Waitrose
- ALDI
- ASDA
- Britvic
- Eat Balanced
- Iceland
- Lockwoods
- Mars
- Morrisons
- Nestle
- Premier Foods
- Tesco

Since the launch of the pledge, the government has been faced with criticism from certain European food companies who feel the system is too simplistic and demonises certain food groups. These criticisms are unfounded due to the fact that the scheme is entirely voluntary and complies with EU law. Largely lobbied by the Italian industry (Ferrero), the EC opened litigation proceedings against the UK, with some commissioners suggesting the UK system could 'pose a hindrance in the harmonisation of EU food policy and trade, and encourage deviation from other member states'. The DH was asked to respond by January 2015 with evidence and reasoning as to why the voluntary system is fair and compliant with free movement of goods. As of yet there has been no response from the EC.

CASH along with other NGOs also wrote to the EC in support of the scheme.

CASH Product Surveys

CASH carried out a number of surveys on the salt content of popular food products. CASH has had a busy year campaigning to reduce salt in our foods with strong media support for our surveys, reaching millions of people. The surveys have focused on foods that people may find surprisingly high in salt and perhaps do not even consider when thinking about their daily salt intake.

Following each of these campaigns, the brands that were featured negatively have been contacted and asked to explain to CASH their plans for salt reduction. A summary of this activity is as follows (oldest to newest):

Healthy salads stuffed with secret salt revealed in new survey by CASH



The summer of 2014 saw the release of our salad survey, looking at ready to eat salads sold in leading UK supermarkets and popular restaurant chains. Results highlighted that salads aren't as healthy as one would assume, with over one in ten salads receiving a red colour for salt on front of pack labelling. When comparing figures to a

similar survey carried out in 2010, we were glad to see average contents reduced by 17%, from 1.26g/portion to 1.05g/portion. Nevertheless the level of salt in salads is unacceptable, and to market these products as a healthy lunch option would be misleading.

New survey reveals shockingly high levels of salt in pizza both in UK and worldwide



Our international survey carried out in collaboration with WASH found huge differences in the salt content of takeaway, restaurant & supermarket pizzas, with half of all UK pizzas containing more salt than the UK daily maximum of 6g. A total of 1,275 pizzas were surveyed in the UK alone, and when comparing figures to a similar survey carried out in 2012, it was disappointing to see very little movement in salt reduction; with the majority of pizzas (59%) either remaining unchanged or in fact increased in salt content. This demonstrates a complete halt in progress and a lack of commitment from the pizza industry, with little enforcement or threat from the Department of Health. A similar picture could be seen across most countries, with no country standing out amongst the rest.

Breakfast Cereals



We collaborated with Action on Sugar looking at the salt and sugar content of 50 popular breakfast cereals. The survey highlighted the increasing levels of sugar in breakfast cereals since 2012 and called for manufacturers to follow the success of the salt reduction programme.

The survey revealed some notable achievements in salt reduction, including Lidl's Corn Flakes, which had reduced their salt content by 60% and Simply M&S Cornflakes, reduced by 36%. Over 90% of the surveyed cereals met the Department of Health's maximum salt target of 1.0g salt per 100g.

New survey names and shames UK's 'saltiest' family-friendly eateries and warns of a new generation of 'salt addicts'



This year's Salt Awareness Week was kicked off with our out of home survey, looking at the salt content of 218 children's meals bought in 23 popular family friendly eateries. The survey found one in four meals contain 2g or more of salt per meal, which is more than a 1-3 year old should have in a day. The saltiest meal was Burger King Kid's Veggie Bean Burger with small fries, containing a disappointing 4.6g salt per serving. With an estimated 40% of families eating out at least once a fortnight, we called on all restaurants to thinking about the health of their customers and reduce the salt content of their meals immediately. Targets are available for the out of home sector through the Department of Health.

New survey reveals shocking levels of salt and sugar found in popcorn



Our latest survey last month exposed the misconception that popcorn is a healthy snack, highlighting that many are indeed no different to a bag of crisps or a can of coke. CASH looked at the salt and sugar content of over 150 flavoured ready to eat popcorn and found over a third to contain as much salt, if not more, as KP salted peanuts, with 1 in 4 receiving a red label for salt.



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Cinema lovers are the worst hit, with a large bag of salted popcorn containing 5.1g salt, nearly an adult's daily maximum intake. We highlighted that such high intakes of salt would likely increase the amount of fluid consumption, which under a cinema setting would likely end up coming from a sugar sweetened soft drink, adding not only salt to your diet, but sugar and calories too, increasing risk of obesity and obesity related disease. Popcorn does not have a salt target under the Responsibility Deal, but with such variation within this category it is clear that both salt and sugar can be reduced.

DISCUSSIONS WITH FOOD INDUSTRY

CASH has engaged in a number of discussions with industry nutritionists over the last year and intends, particularly with the out of home industry, to increase the frequency of these meetings over the coming months, and maintain regular contact with them. These meetings are providing an interesting insight into companies' attitudes to salt reduction, and its role within wider Corporate Social Responsibility policies.

We are also investigating opportunities to teach chefs about salt reduction, through catering colleges and their places of work. CASH are currently in discussions with Leatherhead Food Research and also the Sustainable Restaurant Association (SRA) to potentially hold catering specific salt-reduction workshops for their members, providing nutrition education and training for those in the catering sector. Having

spoken to Cyrus Todiwala our guest speaker from the House of Commons Reception, it is clear some chefs would be interested to learn more about the importance of using less salt, with demonstrations from chefs on how to season food with ingredients other than salt.

FOODSWITCH



Much of our work on salt reduction here at CASH is done behind the scenes, dealing directly with government and food industry. Our venture into the smartphone app world last year however, has enabled us to take a more behavioural approach to salt reduction, and is something we are extremely excited about it.

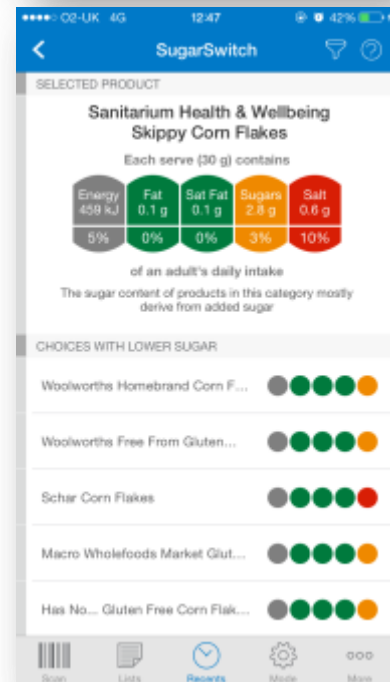
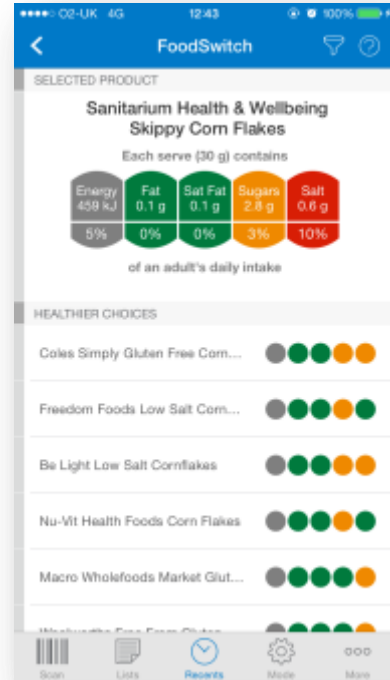
Since the launch of FoodSwitch and SaltSwitch UK last year, CASH has been working hard to update and maintain the quality of our ever increasing database of food and drink products. We launched with ~80,000 and by the end of the year had reached close to 100,000. This was due in part to the app's crowd-sourcing capability, whereby users are prompted to take 3 pictures of the product (front of pack, nutrition table and ingredients list) if the food is not on our database. The app is useful in a number of ways; it educates and empowers users to pay attention to the salt, fat, saturates and sugars content of foods, and

encourages them to shop around and choose a healthier option. Working on the app has also enabled us to keep an extensive database of food products, which helps when monitoring the industry and carrying out our product surveys.

In the summer of 2014, FoodSwitch entered a Public Health England ‘Health X’ initiative supported by NHS, Change4Life, TechCity & The Telegraph, and beat 150 other apps to the top spot. The judges felt FoodSwitch would enable people to make real simple changes and have a real impact on their diets. The win has enabled us to work the PHE and their partners, including marketing company Freuds, to improve the app and make it more user-friendly.

We are now looking to give the app a fresh new look and regular updates, with added features including CalorieSwitch, FatSwitch and SugarSwitch. People are becoming increasingly aware of the app, with many health professionals recommending it to clients and advocating it via social media. In March the app was featured in popular TV programme ‘The Gadget Show’, which generated 1,000 new downloads over that weekend. That brings the total to 40,000 downloads to date. We hope the new version will increase popularity over the coming months, with the help of PHE and improvements on the database. The new version of the app is likely to launch in autumn 2015.

To download the current version of the app for free, please visit [iTunes](#) or [Google Play](#).



CASH Publications

Cheese unnecessarily loaded with salt

With cheese being one of the biggest contributors of salt to the UK diet, CASH looked at the salt content of over 600 cheeses sold in seven of the leading UK supermarkets. Results were eye opening, with salt content of cheddar cheeses, the most popular cheese consumed in the UK, significantly higher in branded cheddars compared to supermarket products (1.78g/100g vs 1.72g/100g). This demonstrates that it is technically possible to produce cheese with less salt in it, without affecting its safety. On average, halloumi and imported blue cheeses were the saltiest categories of cheese, containing 2.71g/100g. Publishing surveys such as this is an effective way of monitoring the food industry in the UK and allowing for comparison with other countries interested in implementing salt reduction strategies.

Hashem KM, He FJ, Jenner KJ, MacGregor GA. Cross-sectional survey of salt content in cheese: a major contributor to salt intake in the UK. *BMJ Open*. 2014;4:e005051

Global salt reduction efforts to reduce cardiovascular disease

Populations around the world are consuming salt in quantities that far exceed physiological requirements. In view of the association of a high salt intake with hypertension, cardiovascular and kidney disease, many countries have introduced population-based recommendations and

initiatives to reduce salt intake. Salt reduction is recognised as one of the most cost-effective public health strategies that a country can make in reducing the growing burden of non-communicable diseases. This review looks at the importance of salt reduction, and efforts being made across the globe to get overall intakes down.

Hashem KM, Pombo-Rodrigues S, Capewell S. Reducing sodium in the global food supply to reduce population burden of cardiovascular disease. *Curr Cardiovasc Risk Rep* 2015;9:7

School based education programmes to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial

To coincide with Salt Awareness Week this year, we published research looking at education efforts and their effect on salt intake in northern China. The study, funded by the UK Medical Research Council, The George Institute for Global Health at Peking University Health Science Center and Changzhi Medical College, and carried out by CASH colleagues, was the first of its kind to successfully reduce salt intake through educating children, who then instructed their family to reduce salt at home. As a result, a significant fall in blood pressure was also witnessed in the children's parents and grandparents. Results suggest that if the reduction on blood pressure was to be replicated across the country, it is estimated that this would prevent approximately 153,000 stroke and 47,000 heart attack deaths per year in China. This study, published in the



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British Medical Journal provides a novel, feasible and effective approach to reducing salt intake in a population where most of the salt in the diet is added by consumers, and should hopefully encourage countries to consider education through the school curriculum.

He FJ, Wu Y, Feng X, Ma J, Ma Y, Wang H, Zhang J, Yuan J, Lin C, Nowson C, MacGregor GA. School based education programmes to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial. *BMJ* 2015;350:h770

Salt and sugar: their effects on blood pressure

Both dietary salt and sugar are related to blood pressure (BP). The evidence for salt is much stronger, and various types of studies have consistently shown that salt is a major cause of raised BP, and a reduction from the current intake of $\approx 9\text{--}12$ g/day in most countries of the world to the recommended level of 5–6 g/day lowers BP in both hypertensive and normotensive individuals, in men and women, in all age groups and in all ethnic groups. There are several other factors that also increase BP, one of which is added sugars. The current high intake of added sugars increases obesity which, in turn, raises BP. Recent studies also suggest that added sugars, particularly those in soft drinks, may have a direct effect on BP. Actions to reduce salt and sugar

intake across the whole population will have major beneficial effects on health along with major cost savings.

He FJ, MacGregor GA. Salt and sugar their effects on blood pressure. *Eur J Physiol.* 2015;467:577-586.

How Andrew Lansley and the coalition government derailed the UK's successful salt reduction strategy

The food we eat is now the BIGGEST cause of death and ill health in the UK, owing to the large amounts of salt, saturated fat and sugars added by the food industry. The UK is in desperate need of an independent agency to improve nutrition, which the responsibility deal has failed to do. In the run up to the election in April, we published a paper in the British Medical highlighting the failings of the coalition government to public health, and called on the new government to learn from mistakes and hand responsibility for nutrition back to an independent agency with a transparent monitoring programme to improve the food that we eat once and for all. The paper was hugely popular in the press, with many news outlets reporting on it.

MacGregor GA, He FJ, Pombo-Rodrigues S. Food and the responsibility deal: how the salt reduction strategy was derailed. *BMJ.* 2015;350:h1936

Salt Awareness Week 2015

The sixteenth annual National Salt Awareness Week was held on **Monday 16th – Sunday 22nd March 2015** and focused on low salt diets in childhood.



Children are considered a vulnerable group in society, with little influence or involvement in what they eat. We wanted to ensure the public understand the importance of starting early in childhood and not getting children habituated to very high salt foods as currently occurs. As part of the week we encouraged the food industry to act more responsibly by reducing the amount of salt in their children’s meals. We also developed some useful resources for schools, hospitals, parents and health care professionals, including leaflets, posters and placemats.

SUPPORTERS

Every year hospitals, GP surgeries, sports centres, pharmacies, schools, libraries, universities, councils, businesses, charities and other

interested parties hold their own events to support Salt Awareness Week, and this year was no different, with more than 400 events taking place around the country throughout the week.

A total of 71,700 leaflets, placemats and shopping guides, and 1,000 posters were ordered in anticipation of Salt Awareness Week.

This year we were fortunate enough to have support from the following UK charities:



And with the support of the following companies, we were able to send all our leaflets and posters for free:



PARLIAMENTARY RECEPTION

As part of Salt Awareness Week, CASH held an afternoon reception at the House of Commons on Wednesday 18th March 2015, hosted by MP Mark Menzies, who is interested in the work we do within Public Health. The day was a success, with over 100 guests attending the event.

Speakers included the event sponsor Mark Menzies MP, celebrity chef Cyrus Todiwala, Head of Nutrition for The Children’s Food Trust Dr. Patricia Mucavele, and CASH Chairman Professor Graham MacGregor.



Cyrus Todiwala voiced his concerns over the excessive intakes of salt in the Indian community, which is in part due to a lifelong love of the substance. He agreed that in today’s society chefs can do a great deal to improve public health and influence behaviour. He highlighted the work he is doing in his own kitchens and reiterated that education is key if we are to make a significant change; this includes both children in schools and chefs.

Dr Mucavele raised concerns that the country is sleep walking into an issue of unawareness in terms of the amount of salt that we are eating. It is therefore imperative we



get children eating healthier as early as possible. Patricia discussed the success of the school food plan, but highlighted more could be done through training in further child settings.



Professor MacGregor ended the day by highlighting the importance of getting children to reduce their salt intake. He went through details of the children’s out of home

survey, and the serious worry that restaurants just aren’t doing enough to get salt intakes down.

Professor MacGregor congratulated members of the food industry present on the day for their work in getting salt levels down 15% over the last decade, and highlighted that such efforts have saved over 9,000 deaths a year from strokes and heart attacks. He voiced hope of a new government bringing something positive to public health, as currently under the Responsibility Deal, very little work is being done to keep up momentum in salt reduction.



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Salt Awareness Week 2016

29th Feb – 6th March (TBC)

Theme: 20 years CASH – How far we have come and the future of salt reduction

2016 will see the 20th anniversary since CASH began, and 10 years since WASH launched. We thought this would be a perfect opportunity to highlight the great achievements that have been made since 1996, both in the UK and worldwide.

We will also highlight how much further we need to go in order to achieve the UK target of 6g/day and further still the global target of 5g/day.

By next Spring the latest figures from the National Diet and Nutrition Survey will have hopefully been released, including the results from the latest 24 hour urinary sodium measurements, so we will have a better idea with regards to average population salt intakes.

We plan to release a publication in a peer reviewed journal, looking at the life of CASH and our achievements so far, with a plan to launch at Salt Awareness Week

CASH and WASH Resources

In addition to raising public awareness about salt through our high profile media campaign, we continue to educate the general public and health professionals on the importance of salt reduction through dedicated pages on our website and resources.

This year we have provided nearly 71,700 leaflets/factsheets and 1,000 posters. It is estimated that 311,125 people would have seen our resources.

WASH members helped to translate the World Salt Awareness Week resources into 6 different languages including Spanish, French, Polish, Portuguese, Turkish, and Chinese which allowed for greater dissemination of the WASH message worldwide.

Healthy choices - low salt shopping guide

Struggling to know what's in your food? Use this guide to reduce your intake of salt and saturated fat. Remember to keep an eye on your portion sizes.

Limit these foods They are usually high in salt and/or saturated fat. They should be avoided for as long as possible.	Check the labels! Read the ingredients list, check for salt and/or saturated fat. Watch out for hidden salt.	Low salt options Look for a low salt or 'light' label for products. Check the ingredients.
Processed meats and salty snacks Processed meats: salami, ham, corned beef, luncheon meat, ham, corned beef, luncheon meat, ham, corned beef, luncheon meat. Salty snacks: crisps, biscuits, nuts, seeds, popcorn, pretzels, nuts and seeds.	Meat, fish and seafood (see alternatives) Processed meats: salami, ham, corned beef, luncheon meat, ham, corned beef, luncheon meat. Meat: beef, lamb, pork, chicken, turkey, duck, venison, rabbit, lamb, pork, chicken, turkey, duck, venison, rabbit, lamb, pork, chicken, turkey, duck, venison, rabbit.	Eggs and dairy Eggs: fried, scrambled, omelette, soft-boiled, hard-boiled, poached. Dairy: full-fat cream, butter, cheese, yoghurt, ice cream, lard, suet, margarine, mayonnaise, salad cream, dressing.
Eggs and dairy Eggs: fried, scrambled, omelette, soft-boiled, hard-boiled, poached. Dairy: full-fat cream, butter, cheese, yoghurt, ice cream, lard, suet, margarine, mayonnaise, salad cream, dressing.	Fats and oils Fats and oils: butter, margarine, mayonnaise, salad cream, dressing, lard, suet, coconut oil, rapeseed oil, sunflower oil, olive oil.	Meat, fish and seafood (see alternatives) Meat: beef, lamb, pork, chicken, turkey, duck, venison, rabbit, lamb, pork, chicken, turkey, duck, venison, rabbit. Fish: salmon, trout, mackerel, haddock, cod, plaice, sole, turbot, salmon, trout, mackerel, haddock, cod, plaice, sole, turbot.
Meat, fish and seafood (see alternatives) Meat: beef, lamb, pork, chicken, turkey, duck, venison, rabbit, lamb, pork, chicken, turkey, duck, venison, rabbit. Fish: salmon, trout, mackerel, haddock, cod, plaice, sole, turbot, salmon, trout, mackerel, haddock, cod, plaice, sole, turbot.	Low salt options Look for a low salt or 'light' label for products. Check the ingredients.	Low salt options Look for a low salt or 'light' label for products. Check the ingredients.

For more information on how to reduce your salt intake, please visit www.actiononsalt.org.uk

Stop...Look...Choose...

...the lower salt option

75% of the salt we eat is already in the food we buy. Check the traffic light labelling and switch to less salt!

National Salt Awareness Week
11th - 16th March 2014
To learn more visit www.actiononsalt.org.uk

Check the label!

About three quarters of the salt we eat is hidden in processed foods. Checking food and drink labels means you can see how much salt you and your family are eating. This guide should help you to understand the labels.

Labels on the front of food and drink packaging show simple information about the calories, fat, saturated fat, carbohydrates, sugars and salt content. The amounts will be given per portion in grams, along with colour coding and Reference Intakes.

Both EU and US serving contain:

ENERGY	FAT	SUGAR	SALT
1037kJ	10g	8.1g	0.2g
248kcal	3.8g	8.1g	0.2g
12%	5%	10%	5%

Colour coding
Traffic light labelling makes it easy to see at a glance if a product is high (red), medium (amber) or low (green) in certain nutrients, including salt.

GREEN
Indicates that a product contains low amounts of this nutrient. The more grams/cent, the healthier the choice.

AMBER
Indicates that a product contains medium amounts of this nutrient, so it's an OK choice most of the time.

RED
Indicates that a product contains high amounts of this nutrient, so enjoy this choice once in a while, or as a treat.

Portion and Serving Sizes
Where portion sizes are given, use it if it is how much you are actually eating. If it is a portion is listed as half of a product (e.g. pizza), but you eat the whole product, you will need to multiply the provided salt content by 2.

Reference Intakes
Reference Intake (RI%) are general guidelines for the maximum amount you should eat in a day (6g salt). Given as a percentage (%). If you are buying for children, remember that the RI for a child is far lower than for adults.

When salt is only given per 100g, you will need to work out how much salt will be contained in a portion. You can do this by thinking about how much of the product you or your child will be eating in relation to both the pack size and 100g. Look at the weight of the packet as a guide.

How much salt?
Use the key below to determine whether your food contains a high, medium or low amount of salt.

Per 100g	Per 100g	Per 100g	Per portion
Low Less than 0.3g	Medium 0.3g to 0.6g	More than 0.6g	More than 10g

Frequently asked questions:
The traffic light colours for salt have changed on some of my favourite products. Why is this?
It doesn't necessarily mean the recipe has changed, the criteria used for the traffic light colours has been updated.

What are the Reference Intakes of salt for children and adults?
Adults should eat less than 6g a day, and children much less. Babies 0-6 months should not be given any salt.

Is sodium the same as salt?
No, sodium is not the same as salt, it is in fact just a part of salt (sodium chloride). When only sodium data is given you will have to convert this to salt by multiplying the figure by 2.5.

Do I need to check the label every time I go shopping?
Look for your favourite brands, compare it with another product and check the lower salt option. Next time you go shopping, you don't need to do it again! You can even do this at home by looking up your food cupboard and on supermarket websites.

Can I find out how much salt is in my food when I'm eating out?
Unfortunately that's not easy, you can ask your server if they know how much salt is in your food, but we think it's best to ask for 'Less Salt Please'.

How about food cooked at home?
Make sure your ingredients have lots of 'green label ingredients', like herbs, spices, garlic, chili and lemon. Don't add salt to your cooking or at the table, and you will have a low salt meal!

Is there an easy way of finding how much salt is in my food?
Yes! Try our smartphone App, FoodSwitch! FoodSwitch is available to download for free from iTunes and Google Play.

Stop...Look...Choose...

...the lower salt option

A recipe for a tastier and healthier life

- To taste food as it really should taste, use less salt (and less salty ingredients such as soy sauce, stock cubes, and powdered seasoning) and more tasty ingredients such as ginger, lemons, chilis, garlic and fresh herbs.
- This will lower your blood pressure and the risk of stroke, heart disease, heart attacks as well as osteoporosis, kidney disease and stomach cancer.
- We are meant to eat less than 6g salt per day - less than a teaspoon, but we are eating much more.
- Cook vegetables and carbohydrates, such as potatoes and pasta, without adding salt.
- Leave the salt shaker in the kitchen cupboard, not on the dining table.
- Ask for Less Salt Please.
- Download our Free FoodSwitch App and start making healthy choices today!

Try to use more:

- Herbs
- Spice
- Cheese
- Lemon
- Pepper
- Chilli
- Garlic
- Ginger
- Low salt stock

Try to use less:

- Salt
- Soy sauce
- Ready made stock
- Tomato ketchup
- Mustard
- Soy beans
- Ham
- Ready made sauces

LOW less than 0.3g/100g
MEDIUM between 0.3g and 0.6g/100g
HIGH more than 0.6g/100g



Consensus Action on Salt & Health

CASH and WASH Alliances

CASH and WASH have continued to develop mutually beneficial alliances with other health charities and organisations. CASH is proud to have been asked to represent the UK's health charities at the DH Meetings. WASH has also continued to extend its networks in the international public health arena, participating at informal and formal WHO consultations, at both

regional and local levels. CASH and WASH have continued to work alongside other health charities, offering comments on health related media, acting as cosignatories on campaigning materials and attending numerous meetings, webinars and conferences around the world. WASH continues to support its international members with comments on press releases, logos on leaflets and posters and links through from our website.

Organisations CASH and WASH have collaborated with in the last year include:

- ALEHM
- Alzheimer's UK
- Blood Pressure UK
- British Dietetic Association
- Cancer Research UK
- Consumers International
- Department of Health
- Department of Health - Global Health Team
- Diabetes UK
- EMRO Heart research UK
- Heart UK
- Kidney Research UK
- MEND
- Ménière's Society
- Men's Health Forum
- UK Health Forum
- National Obesity Forum
- National Osteoporosis Society
- Pan American Health Organisation
- Polycystic Kidney Disease
- Public Health Nutrition UK
- Sustain – Campaign for Better Hospital Food
- Sustain—Real Bread Campaign
- Sustain – The Children's Food Campaign
- British Heart Foundation
- The George Institute for Global Health
- The NCD Alliance
- The Stroke Association
- The Women's Institute
- Which?
- World Health Organisation
- World Cancer Research Fund



Consensus Action on Salt & Health

World Action on Salt and Health

This year World Action on Salt and Health (WASH) celebrates its 10th anniversary. WASH was established in October 2005 with the aim of bringing about a gradual reduction in salt intake throughout the world, by highlighting the importance of salt reduction and drawing attention to the need for countries to take action immediately. Since, the influence of WASH has grown to impact policy at the global level – with the setting of a global target on salt reduction for all countries to achieve by 2025 to reduce the growing burden of non-communicable diseases (including cardiovascular diseases, cancer, and diabetes).

The mainstay of the WASH's work remains to encourage and support key stakeholders in all countries around the world to setup their own salt reduction programmes, as well as acting as a global monitor, conducting surveys on food products – highlighting those products high in salt with a view to drive reformulation by the food industry.

WASH continues to raise awareness on the importance of a low salt diet during its annual Salt Awareness Week, which is supported by many countries around the world, and via regular updates on the WASH website, social media (Twitter and Facebook) and through media channels including radio and TV. WASH continues to develop and update on its resources, and works with its members to translate the resources for use around the world.

WASH has established working relationships with a number of international health charities, including The World Obesity Federation, The UK Health Forum and The NCD Alliance, which has facilitated opportunities for collaborative working to strengthen our messages on diet and nutrition, including nutritional labelling, at global platforms, particularly at the World Health Assembly.

WASH Membership

World Action on Salt and Health has over 540 members from 100 countries. New members include experts from Argentina, China, Oman, UAE, Hong Kong, Slovakia, USA, Saudi Arabia, and Samoa.

Updates from around the world

AUSTRALIA: The George Institute for Global Health, WHO Collaborating Centre (WHOCC), Sydney remains very active in salt reduction in the Western Pacific and South East Asian Regions. The Centre is working with the WHO to develop a range of tools and resources to support countries to develop and implement salt reduction strategies including a salt reduction toolkit and website.

Below is a brief account of some the activities of the WHO CC:

The State of Salt: the case for salt reduction in Victoria, was launched in Melbourne, Australia in early 2015. The paper outlines a plan of action to reduce the amount of salt consumed in Victorians. VicHealth are leading the Salt Reduction Strategic Partnership group which consists of The George Institute for Global Health, The Heart Foundation, Deakin University and The Victorian Department of Health and Human Services.

The WHO CC has produced its report of the **First Regional Forum of WHO Collaborating Centres** in the Western Pacific Region, where WHOCC Salt had the opportunity to showcase work on salt reduction in Mongolia.

Progress on salt reduction in the Pacific Islands: from strategy to action, by Anthea

Christoforou, was published in Heart, Lung and Circulation, in May 2015. The article reviews the strategies and action plans already developed by nine Pacific Island countries and concludes that further support is required for effective implementation.

More recently the WHO CC held a symposium on salt reduction: **Target 2025: Innovation and Advocacy on Salt Reduction** at the International Society for Behaviour Nutrition and Physical Activity in Edinburgh, Scotland. The symposium contained 4 oral presentations by speakers from New Zealand, Canada, the WHO CC, Sydney and the UK. WASH presented on the success of the UK programme and its applicability to the rest of the world.

The Australian Division of WASH (AWASH) continues to be active in its national salt reduction strategy and leads on the work to coordinate an international collaborative effort to collect information on the composition of processed foods in different countries, and to work with countries around the world on the development of the FoodSwitch Smartphone app.

The George Institute has recently launched its new database – the Food and Beverage Information (FBI) database. The FBI database comes with many new technological features, a simplistic user-interface, and in-built data entry

quality control measures all at a relatively low cost. Countries planning to use the FBI database within 2015 include NZ, UK, India, China, USA, Switzerland, South Africa and Latin America.

Along with the FBI database, TGI has also launched the new and improved (free) FoodSwitch Australia app featuring the Health Star Rating labelling system and 3 additional filters (SugarSwitch, FatSwitch and EnergySwitch). As well as developing a FoodSwitch Australia website (www.foodswitch.com.au) which allows users to search for their favourite foods using FoodSwitch functionality without a smartphone.

Furthermore, TGI has launched its new (free) Data Collector App which incorporates geo-tagging, allowing for users all over the world to collect food composition and nutrient information of packaged foods. The Data Collector app uses geo-tag functionality to both determine exactly which location each photo was taken in and to sync the food product information (photos) directly to the relevant country in the FBI database

NEW ZEALAND

Researchers in New Zealand (NZ) are conducting a similar randomised controlled trial of the effects of different nutrition label formats on consumer food purchases. Front-of-pack nutrition labels aim to deliver simple, “at-a-glance” nutrition information to shoppers, but their effect on real-world food choices is largely unknown.

The Starlight trial, led by Professor Cliona Ni Mhurchu in the National Institute for Health Innovation, University of Auckland, aims to recruit 1500 NZ adult shoppers (500 Maori, 500 Pacific and 500 NZ European/Other ethnicities) to answer this question. To date, 700 participants have been randomised, and 350 have already completed the study.

CANADA and THE USA

The Centre for Science in the Public Interest (CSPI), an independent health advocacy organisation promoting salt reduction, launched ‘sodium listserv’, a forum where nutrition and public-health advocates and scientists can discuss national strategies to reduce sodium consumption. WASH is an active participant in this group, sharing it’s surveys and updates with members, as well as using the forum to support advocacy efforts in both the US and Canada. Most recently WASH supported the CSPI call for support to the proposed voluntary targets for salt reduction by the FDA and the recent call for comments on the Dietary Guidelines for Americans. Further to this WASH has been active, adding its voice to the ‘Science of sodium’ discussions - debunking some of the myths against salt reduction.

WASH recently supported the **New York City Department of Health and Mental Hygiene** proposal to the NYC Board of Health for chain restaurants to post warning labels for items on

menus that contain more than 2300mg sodium (6g salt).

WASH supports this proposal as a first step, to alert consumers to the high levels of salt in their food, and calls for further action to ensure that restaurant meals do not contain such excessive amounts of salt in the first place, and calls for nutrition labelling to enable consumers to know what is in the food that they are eating.

THE PAN AMERICAN HEALTH ORGANISATION (PAHO)

The Pan American Health Organisation continues to support countries in the region to reduce population level salt intake, and leads on regional salt reduction activities.

In January 2015, PAHO launched the **Consensus Statement and regional salt reduction targets for selected food groups for the Americas**. The document describes the consensus reached between all the constituencies of the Salt Smart Consortium (governments, civil society and private sector) and the roles of each constituency in steps to reduce salt intake. It outlines regional targets for salt reduction in food products to be achieved by December 2016. The targets will be monitored by an independent third party. PAHO is currently working with the WHO CC, Australia on salt reduction policies to assess baseline data. The next step is implementation of the targets, which have been reviewed by WASH.

SOUTH AFRICA:

The Heart and Stroke Foundation in South Africa (HSFSA) launched 'Salt Watch' in 2013 - a multi-sectorial, coalition group focussed on salt reduction in South Africa - continues its public awareness campaign. 'Salt Watch' is supported by the National Department of Health (DOH), and is recently a member of the World Action on Salt and Health (WASH).

Since its launch 'Salt Watch' hosted a Salt Summit, which was attended by 157 people from academia, the food industry, media, health professionals, non-profit organisations. The key outputs of the meeting were:

- **Collaboration is crucial:** There's a need for cross-sectoral collaboration, from government, research institutions/academics, NGOs, the media, professional bodies (clinicians, nursing, dietetics etc.) to corporate/industry (food, healthcare, catering/chefs).
- **The focus cannot be on salt reduction in isolation:** The SW message must be within the context of a healthy lifestyle.
- **Message clarity:** A standardised message is important, that is simple, culturally relevant, that the public will understand and that all sectors can use.

The Salt Watch campaign aims to raise awareness of the dangers of a high salt intake on blood pressure. The campaign aims to educate people



about the dangers of eating too much salt and to encourage them to use less salt while cooking and at the table. This was achieved via media channels including television adverts, which were aired in August 2014.

HSFSA has produced and distributed leaflets on salt reduction to the public which are available for use by health care professionals. The leaflet is currently available in English, Afrikaans, Xhosa, Sotho and Zulu.

Salt Watch will be implementing nationally representative consumer surveys evaluating current awareness, behaviour and attitudes regarding salt and health before and after the campaign. This research will provide HSF with valuable information not only of the effectiveness of the radio and television adverts but also on how to tailor the campaign and messages going forward.

EASTERN MEDITERRANEAN REGION

WASH has supported many countries in the Eastern Mediterranean region to implement salt reduction programs, specifically with regards to setting targets for salt in bread – which is one of the major contributors of salt to the diet in the Middle East. Oman established a national committee for salt reduction, and is the first in

the region to establish targets for the reduction of salt in bread. WASH has supported the region in establishing and setting these targets.

The Ministry of Health is requesting WHO's assistance in providing a template for MOU to be signed by the bakeries till the official qatar will be issued.

The World Hypertension League (WHL) continues to update on 'Science of Salt Weekly', an email newsletter that summarizes the latest evidence and research related to dietary sodium. This newsletter has received formal support from the World Hypertension League, World Action on Salt and Health, the World Health Organization Collaborating Centre on Population Sodium Reduction and the PAHO/WHO Technical Advisory Group on Cardiovascular Disease Prevention through Dietary Sodium, and is a useful tool to stay updated on emerging evidence.

THE WHL has established a 'Sodium Expert Working Group', an international coalition to develop recommended standards for clinical and population research on salt (sodium) and to systematically review the literature based on those standards. WASH is a member of this group.



Consensus Action on Salt & Health

WASH AS A GLOBAL MONITOR

This year WASH conducted three international food surveys, in line with its aim as a global monitor of the food supply. The aim of these surveys was to highlight those foods that are high in salt and to compare salt levels of similar foods between countries.

The first survey, an update on the international food survey, first conducted in 2006, then again in 2009, 2011 and again in 2014 reviewed the salt contents of iconic products sold around the world. The results of the survey showed that some countries are being fed double the amount of salt by popular brands as other countries - reaffirming the chaotic approach being taken by world renowned iconic brands in terms of product formulation and their contribution to the escalating global problem of strokes, heart attacks and heart failure.

Furthermore, not one product surveyed had consistency in its salt content, with huge differences from one country to another. WASH calls all food manufacturers to reduce the salt contents of their products in line with the global target to reduce salt intake. This survey highlighted that further action needs to be taken by WASH to stimulate consistent salt reduction by the food industry, and call countries to action to ensure that they do not get left behind.



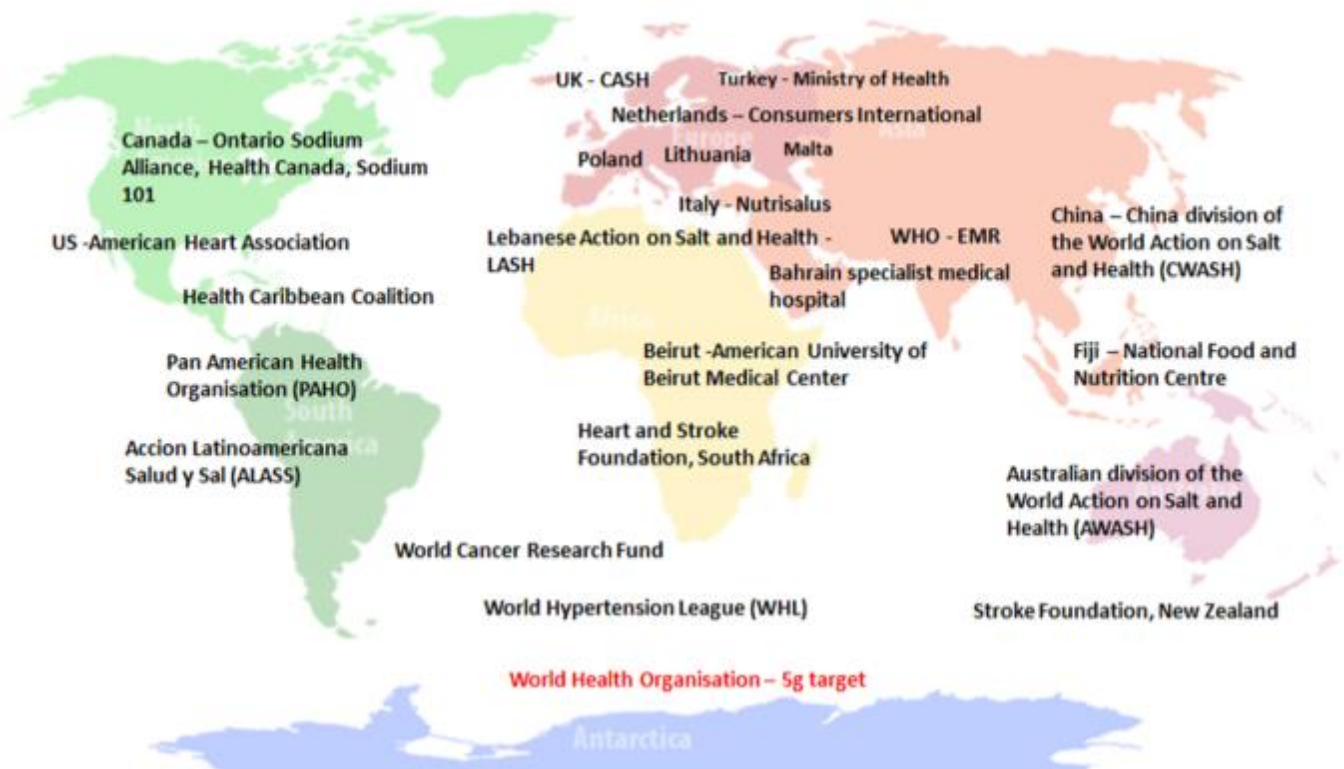
The second survey was an international pizza survey; WASH surveyed a total of 565 pizza products from supermarkets, takeaways and restaurants across 11 countries and found that almost half (310 out of 565) of the pizzas surveyed contained MORE salt than the 5g daily limit as recommended by the World Health Organisation. Further to this there were HUGE variations in the amount of salt in the same pizza sold in different countries. For example; people eating a Pepperoni Lover's Pan Pizza (22.20g salt/pizza) from Pizza Hut in the USA would be eating over THREE TIMES more salt than people eating the same large pizza in New Zealand (6.58g salt/pizza).



Consensus Action on Salt & Health

World Salt Awareness Week 2015

World Action on Salt and Health held its 7th annual World Salt Awareness Week (WSAW). WASH members were invited to support the week, and call on the food industry to act more responsibly by reducing the amount of salt they add to children's food and to stop advertising high salt food to children. WASH produced resources (poster, and leaflet) to draw attention to the dangers of a high salt diet, with important tips on simple changes that can be made to make sure everyone can benefit from a low salt diet. The resources were disseminated via the WASH website, and WASH members and social media. Over 30 countries took part in salt awareness week.



Each year more countries support World Salt Awareness Week. Many countries now plan their own activities, and co-ordinate activities in their own regions for example the World Health Organisation Collaborating Centres on salt reduction support countries in the Western Pacific region to establish salt reduction programs, and participate in World Salt Awareness Week.



Consensus Action on Salt & Health

As a result of the week:

- WSAW raised both the profile of WASH, and of those countries engaged in salt reduction activities.
- WSAW drew attention to the importance of salt reduction around the world, and the need to ensure that children have the best start in life
- WSAW provided the opportunity for countries to highlight salt reduction as an important public health intervention to reduce the global burden of disease from non-communicable diseases (life-style diseases such as cardiovascular disease, type II diabetes) and bring it to the attention of both consumers and governments – to implement salt reduction programs.

WASH members helped to translate the poster, as well as producing their own to raise awareness about the dangers of a high salt diet in their own countries.

WASH used twitter to engage with world groups interested in the week and took part in a webinar organised by the Pan American Health Organisation (PAHO). During the week, World Salt Awareness Week received media coverage around the world.

March 16-20 2015
Salt Awareness Week
**ESCAPE
SNEAKY
SALT**
Choose healthy foods





Consensus Action on Salt & Health

FUJA DO SAL ESCONDIDO

ALIMENTAÇÃO SAUDÁVEL FORA DE CASA
Não tenha medo de pedir menos sal, por favor!

Semana Mundial de Conscientização sobre a Sal De 16 a 22 de Março de 2015
Para obter mais informações, visite www.alass.net

WASH **ALASS**

MLIANIÐAK NAÐSUT LISIÐ

CUANDO SALCAS A COMER, ELECÍ LA OPCIÓN MÁS SALUDABLE
Pedi con menos sal, por favor!

Semana Mundial de Conscientización sobre la Sal De 16 a 22 de marzo 2015
Para mayor información, visite www.alass.net

WASH **ALASS**

ESCÁPATE DE LA SAL OCULTA

CUANDO SALCAS A COMER, ELECÍ LA OPCIÓN MÁS SALUDABLE
Pedi con menos sal, por favor!

Semana Mundial de Conscientización sobre la Sal De 16 a 22 de marzo 2015
Para mayor información, visite www.alass.net

WASH **ALASS**

HUYE DE LA SAL ESCONDIDA

AL SALIR A COMER, ELIJE LA OPCIÓN MÁS SALUDABLE
Pide: ¡Menos sal, por favor!

Semana Mundial por la Sensibilización sobre la Sal De 16 a 22 de marzo 2015
Para mayor información, visite www.alass.net

WASH **ALASS**

HUYE DE LA SAL ESCONDIDA

AL SALIR A COMER, COME SALUDABLE
No tengas miedo de pedir ¡menos sal, por favor!

Semana Mundial por la Sensibilización sobre la Sal De 16 a 22 de marzo 2015
Para mayor información, visite www.alass.net

WASH **ALASS**

VLUCHT VOOR HET VERBORGEN ZOUT

GA GEZOND UIT ETEN
Ben niet bang om te vragen minder zout, graag!

Internationale Zout Week De 16 - 22 maart 2015

WASH

MY SIĘ NABRĄĆ NIE DAMY PRZED SOLĄ UCIEKAMY

DBAJ O ZDROWIE
Unikaj pozasolniczkowych źródeł soli

Światowy Tydzień Świadomości Solnej De 16-22 marca 2015
Aby uzyskać więcej informacji, odwiedź www.washinternational.org

WASH

Action on Sugar

In January 2014, leading health experts from across the world united to form 'Action On Sugar' - an unprecedented call to tackle and reverse the obesity and diabetes epidemic. Obesity is a major crisis facing the UK and practically every country around the world, and yet there is no coherent structured plan to tackle obesity.



The focus is to adopt a similar model to salt reduction pioneered by CASH. Salt intake has fallen in the UK by 15% and most supermarket products have been reduced between 20-40%, with a reduction of ~6,000 strokes and heart attack deaths a year, and a healthcare saving cost of £1.5bn.

A similar programme can be developed to gradually reduce the amount of free sugars, with no substitution, in food and soft drinks by setting limits for free sugars, to be achieved by voluntary or legislated targets, and enforced by Public Health England. We have calculated that a 20-30% reduction in free sugars, over 3-5 years, is achievable and would result in a reduction in mean calorie intake of approximately 100kcal/day – the amount predicted to reverse or halt the obesity epidemic.

This campaign will focus therefore on convincing the food industry, the government, the Department of Health (DH) and Public Health England (PHE) that this is by far one of the best ways to tackle the obesity epidemic. If the food industry does not comply with the sugar targets voluntarily, they will enact legislation or impose a punitive sugar duty. This programme is practical, will work and will cost very little.

Action on Sugar currently operates as a sub group of Consensus Action on Salt and Health, as does World Action on Salt and Health. The Charity Commission and Trustees have approved the integration of the charities, all of whom will now operate under the Charity number 1098818 '*Consensus Action on Salt, Sugar and Health*'.



Consensus Action on Salt & Health

*We are thankful for the continuing support
of the British Heart Foundation*

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www.actiononsalt.org.uk
www.worldactiononsalt.com
www.actiononsugar.org
www.foodswitch.co.uk