



# Consensus Action on Salt, Sugar & Health

## ANNUAL REPORT

May 2015 – April 2016

Charity registration 1098818

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# About Consensus Action on Salt, Sugar & Health

**Consensus Action on Salt, Sugar and Health (CASSH)** is a group of specialists concerned with dietary salt and sugar consumption and its effects on health. Consensus Action on Salt & 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 led CASSH 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. Action on Sugar has now officially been incorporated into the charity and charity's aims.

## 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 would have and to increase the understanding, awareness and recognition of the effects of salt and sugar intake on health;
- IIII) 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.

## CASH MEMBERS

Chairman	Professor GA MacGregor	Member	Professor PM Dodson
Trustee	Professor PS Sever	Member	Professor T Lang
Trustee	Professor MR Law	Member	Professor KT Khaw
Member	Professor Sir N Wald	Member	Professor FP Cappuccio
Member	Professor P Sleight	Member	Professor GB Haycock
Member	Professor AG Shaper	Member	Professor J Winkler
Member	Professor WPT James	Member	Dr F He
Member	Professor G Beevers	Member	Dr W Sunman
Member	Professor P Elliott	Member	Mr M Kane (food technologist)
Member	Professor Sir MG Marmot	Member	Professor S Capewell
Member	Professor NP Poulter	Member	Professor K McPherson
Member	Professor MEJ Lean	Member	Dr J George
Member	Professor R Michell		

## Action on Sugar Advisors

Chairman	Professor GA MacGregor	Advisor	Dr Y Freedhoff
Advisor	Professor A Rugg-Gunn	Advisor	Dr M Rayner
Advisor	Professor D Haslam	Advisor	Professor J Winkler
Advisor	Professor J Cuzick	Advisor	M Kane
Advisor	Professor J Wass	Advisor	N Rigby
Advisor	Professor P Sever	Advisor	T Fry
Advisor	Professor P James	Advisor	Professor P Whincup
Advisor	Professor S Capewell	Advisor	Professor RJ Johnson
Advisor	Professor Sir N Wald	Advisor	K Jenner
Advisor	Professor T Lang	Advisor	M Mwatsama
Advisor	Professor R Lustig	Advisor	Professor C Hawkes

## STAFF

Katharine Jenner	Campaign Director, CASH/WASH/Action on Sugar
Sonia Pombo	Campaign Manager, CASH
Saadia Noorani	International Public Health Nutritionist, WASH (Since Feb 2016)
Clare Farrand	WASH Programme Lead (Until Aug 2015)
Jennifer Rosborough	Campaign Manager, Action on Sugar
Kawther Hashem	PhD Researcher and Nutritionist
Sarah Alderton	Assistant Nutritionist (Since May 2016)
Steph Tucker	Assistant Nutritionist (Until April 2016)
Lorraine Hamilton	PA
David Clarke	Press Officer p/t

## ADDRESS

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# Consensus Action on Salt & Health

## Summary of the year 2015/2016

Welcome to our annual report for 2015/2016, combining our three campaigning arms; Consensus Action on Salt & Health (CASH), World Action on Salt & Health (WASH) and Action on Sugar. The last year has been somewhat challenging for salt reduction in the UK since the Conservative Government came into power, dissolving the Responsibility Deal, with very little action taking place within the Department of Health. Unsurprisingly, it is thought companies are losing momentum in salt reduction due to a real lack of monitoring or enforcement from Government level. As such, CASH have been highlighting the failings of the Responsibility Deal and have called on government to set up an independent agency responsible for nutrition in the UK. We had the 17<sup>th</sup> National Salt Awareness Week and 8<sup>th</sup> World Salt Awareness Week and carried out a number of food surveys focused on key contributors of salt to the diet.

Action on Sugar has primarily focused on influencing the government's Childhood Obesity Strategy, by writing and promoting an evidenced-based plan to tackle obesity and Type 2 Diabetes, "*Cameron's*" Plan. We held our first Sugar Awareness Week in December 2015, where we presented "*Cameron's*" Plan to MPs, food and drink industry and health professionals, to successfully gather support and momentum. The

announcement of the Sugary Drinks Levy in March was a major highlight of the year. We've continued to impact all areas of the strategy, through holding key influential meetings with Department of Health, Public Health England, National Health Service, HM Treasury, Committee of Advertising Practice – whilst releasing product surveys to educate the public on sugar consumption and pressurising manufacturers to create healthier products. Action on Sugar aims to make sugar and saturated fat reduction a priority for public health, to replicate the success of the salt reformulation programme.

### Staff changes

This year has seen some significant changes within the team. We said goodbye to Clare Farrand our WASH programme lead in October. We also said goodbye to Assistant Nutritionist Steph Tucker; we wish them both the best of luck.

Sonia has been promoted to Campaign Manager for CASH for leading the work of salt reduction whilst Katharine has been on maternity leave. We also appointed a Campaign Manager for Action on Sugar, Jenny Rosborough, who joined in September from the international child weight management intervention, MEND. Saadia Noorani is now our public health nutritionist at WASH and joined us in February from EFSA, and Sarah Alderton is our new assistant nutritionist. Kawther began her PhD at Queen Mary University of London in September 2015, contributing to the research on sugar reformulation.



# Consensus Action on Salt & Health

## CASH

### Government Level Work

#### THE PUBLIC HEALTH RESPONSIBILITY DEAL (RD)

Despite new targets for salt being announced over 2 years ago (March 2014) and great efforts made by CASH encouraging the food and catering industry to sign up and voluntarily adhere to them, very little public support has been made by significant members of the food industry. We reiterated to both government and industry that the targets would only be successful if all companies sign up, thus creating a level playing field and resulting in further reductions at a much faster pace.

A small percentage of companies have openly signed up to the 2017 targets, about half the number that had originally pledged to follow the 2012 targets. When questioned on the matter, many companies responded that they were still following 2012 targets.

There is very little monitoring or support from the Department of Health. Following the general election in May 2015, the RD website has not been updated, and annual updates have been postponed this year, resulting in a complete lack of monitoring. When questioned, the Public Health Minister Jane Ellison stated that *'...while there is still work to be done, we expect businesses to continue working towards the 2017 salt targets to further reduce salt content in their*

*products. We will announce the way forward for salt reduction and the Responsibility Deal in the summer.'*

Whilst we remain signatories of the salt reduction pledge and encourage companies to continue to follow the targets and sign up, we believe the RD is dead and urgently needs a new system which will hold industry to account and independently monitor progress. We must now learn from the failings of the RD and look to create a new system that industry will respect and follow.

We suspect all is being held off until the announcement of the governments' Obesity Strategy, which will most likely have a restructure or complete disavowal of the Responsibility Deal, with Public Health England taking over control. But this has been delayed again, so we are very sceptical of what it will entail.

Nevertheless, we have been lobbying hard to push the obesity strategy, and asking for it to include an independent agency responsible for both salt and sugar. We have also tried to lobby for the inclusion of fat in the strategy, but unfortunately it's unlikely to include any work on fat until SACN have reviewed the evidence.

It would appear the EU Referendum has had a knock on effect on everything, not least the public health agenda. Next steps and challenges for CASH and Action on Sugar will be to ensure the obesity strategy is not side lined or delayed even further, regardless of the future of the conservative party and their leader.



# Consensus Action on Salt & Health

## 24 HOUR URINARY SODIUM ANALYSIS 2014

The results of the latest National Diet and Nutrition Survey (NDNS) assessment of dietary sodium was published in March 2016 by Public Health England (PHE), suggesting that the amount of salt consumed by British adults has fallen ~11% between 2005 and 2014.

CASH however, along with many other NGOs and health professionals, have disputed the findings and questioned the analysis. PHE, who took over the reporting from the Department of Health, state that salt consumption was 8.5g/day in 2011, however the previously published result by the NDNS is 8.1g/day with the same methodology used in both 2011 and 2014. It is unclear how PHE recalculated the result that was previously published at 8.1g/day to 8.5g/day. PHE have defended the analytical techniques used and state they have applied an algorithm to previous data in order to make them directly comparable. Nevertheless we can all agree that whilst some significant reductions were made in the early part of the salt reduction program, results have been less promising under the Responsibility Deal. More action is thus required and a stronger and independent agency needed in order to drive reductions further.

## PUBLIC HEALTH ENGLAND'S UPDATED EATWELL GUIDE

In March 2016 PHE launched a new healthy eating model for the UK called the Eatwell Guide, which replaces the Eatwell Plate that has been

used since 2007. This new guide has been designed to reflect recent changes to nutrient recommendations made by the Scientific Advisory Committee on Nutrition (SACN) around carbohydrates, free sugars and fibre, and places more emphasis on choosing sustainable food sources. Apart from the name change to the model, several other changes have also been made. This includes an added front of pack label to help consumers recognise and choose healthier options when buying food and drinks; a smaller purple segment which now only includes oil and spreads (formerly called foods high in fat and/or sugar) and foods high in fat, salt and/or sugar now sit outside of the main image to emphasise that they are not considered part of a healthy, balanced diet, and should be eaten less frequently and in small amounts.

CASH, together with Action on Sugar and 19 other NGO's, have issued a [joint statement](#) in support of the government's Eatwell Guide.

## Salt Product Surveys

CASH has carried out a number of surveys on the salt content of popular food products. CASH has been busy 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):

### [New research reveals shocking increase in salt content of shopping basket essentials under the responsibility deal](#)



This year's Salt Awareness Week focused on hidden salt in everyday food items, highlighting the fact that many of us do not have control of our salt intake, with most of the salt already in the foods that we buy. 20 years on since CASH first started campaigning for less salt, we sought to look at the progress in salt reduction made in

some shopping basket 'essentials', comparing salt content from surveys carried out in previous years. The survey found that some categories of food now contain more salt than before – with canned tomato soup, cheddar cheese and chilled ready meals being among the worst offenders. This is despite the major progress made prior to 2010 when the salt reduction program was under the Food Standards Agency (FSA). Tinned tomato soups, for example, were surveyed regularly between 2007 and 2016, and found that despite seeing a successful reduction in salt under the FSA (average 27% reduction between 2007 and 2010), progress has now lapsed. Surprisingly, 55% of the products contain the same amount of salt or more now than they did in 2010! A similar picture could be painted for other categories (ready meals, sliced white bread, cheddar cheese and cornflakes). The survey was a great start to Salt Awareness Week and a perfect opportunity to call on David Cameron and his Conservative government, to set up an independent agency for nutrition and rescue the salt reduction programme which has halted under the Responsibility Deal.



## Instant noodles can contain more salt than in 12 packets of crisps – new survey reveals



A survey carried out by CASH in May found many instant flavoured noodles are dangerously high in salt (i.e. greater than 5g per serving), and even more surprisingly contain large amounts of hidden sugar! Out of the 131 products surveyed, the noodles with the highest salt content per serving was Ko-Lee Instant Noodles Chicken Flavour with a staggering 5.8g salt – 97% of the maximum recommended salt intake/day in the UK (i.e. 6g per day) and more than 12 packets of salted crisps!

The survey also exposed hidden levels of sugar found in instant noodles, with over a third (35%) of products surveyed containing more than 2 teaspoons of sugar per serving (46 out of 131 products). CASH used the results of this survey as an opportunity to urge food manufacturers of flavoured instant noodles to immediately reduce both the salt and sugar content to prevent unnecessary strokes and heart disease.

## New survey exposes ‘healthy’ dips as being salt and fat traps



In June 2016 CASH carried out a survey of the fat and salt content of chilled dips sold across major supermarket chains and found that some contain as much salt as 4 packets of ready salted crisps. The saltiest dip type was taramasalata and a portion of ASDA’s taramasalata was found to contain as much salt as 13 Ritz crackers! There was large variation in the salt content within the same dip type, with some houmous brands found to contain more salt per 100g than KP Salted Peanuts!

When looking at the fat content, over a fifth of dips (23%) had a red front of pack label for saturates and the total fat content per serving of several dips was higher than a Big Mac. CASH will be publishing the findings of this survey in due course once the political furore has settled.

## DISCUSSIONS WITH FOOD INDUSTRY

CASH have engaged in a number of discussions with industry nutritionists over the last year and intends 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 both salt and sugar reduction, and its role within wider Corporate Social Responsibility policies.

This year we have met with Mars, McCain, Jamie Oliver Ltd, SNACMA, Marks & Spencer and Costa to name a few, all of which have assured us that they are continuing to work on their salt reduction strategies and where possible aim to meet the 2017 salt targets in advance of the deadline.

## FoodSwitch

Whilst CASH predominantly focuses its campaigning priorities directly on the food industry and government, our venture into smartphone apps has enabled us to take a more behavioural approach to salt reduction, and is something we are extremely excited to work on.

The app is useful in a number of ways; it educates and empowers users to pay attention to the salt, fat, saturates and total 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.

Since we launched in 2014, people have been increasingly aware of the app, with many health professionals recommending it to their patients and advocating it via social media. In April 2015, due to the apps success and changes in software developer in Australia, CASH decided to push forward with updating the app to include a fresh new look and user friendly interface.



The app will include additional filters - CalorieSwitch, FatSwitch and SugarSwitch. The app will hold a more up to date database that will refresh every 24 hours, meaning increased accuracy in the data and hopefully increased user acceptability. The app will also display information per serving as opposed to per 100g, so should align with what is already on pack, and will be more useful and relevant to the user.

Much of our work this year has focussed on updating the app, making it compatible and accurate according to nutrient profile systems and the Department of Health's front of pack guidance. We hope to relaunch in the next coming months.



# Consensus Action on Salt & Health

In preparation for the launch we have drafted a new leaflet to be distributed to healthcare professionals, online and through social media, and have received £10,000 from the Big Lottery Fund in order to do this.



## CASH Publications

### High Salt Intake: Independent Risk Factor for Obesity?

CASH published an article in the journal Hypertension, assessing the link between salt and obesity. It is already known in the literature that a high salt intake is associated with an increased risk of obesity through sugar-sweetened beverage consumption; however increasing evidence also suggests a direct link. This study aimed to determine whether there was a direct association between salt intake and obesity independent of energy intake. Data was obtained from the National Diet and Nutrition Surveys carried out in 2008/2009 and 2011/2012, using 4-day food diary data for energy intake and 24hr urinary sodium for salt intake. The results showed that salt intake was higher in overweight and obese individuals, with a 1g/d increase in salt intake being associated with a 28% increase in the risk of obesity. This suggests salt is a potential risk factor for obesity.

Ma Y, He FJ, MacGregor GA. High Salt Intake: Independent Risk Factor for Obesity? Hypertension. 2015;66:00-00. DOI: 10.1161/HYPERTENSIONAHA.115.05948.

### Modest salt reduction lowers blood pressure and albumin excretion in impaired glucose tolerance and type 2 diabetes mellitus: A Randomized Double-Blind Trial.

A randomized Double-Blind Trial was carried out to see how a reduction in salt can decrease

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

untreated normal or high blood pressure in patients suffering from impaired glucose tolerance and Diabetes Mellitus. Switching from salt to placebo caused a fall in 24hour urinary sodium by 2.9g salt. This led to a reduction in clinical blood pressure from 136/81±2/1 mmHg to 131/80±2/1 mmHg. Drops in mean ambulatory 24 hour BP and albumin/creatinine ratio were also seen. The results suggest that a modest decrease in salt intake causes a fall in blood pressure in patients suffering from the early stages of impaired glucose tolerance and Diabetes Mellitus.

Suckling RJ, He FJ, Markandu ND, MacGregor GA. Modest salt reduction lowers blood pressure and albumin excretion in impaired glucose tolerance and type 2 diabetes mellitus. A randomised double-blind trial. *Hypertension*. 2016;67:00-00. DOI: 10.1161/HYPERTENSIONAHA.115.06637

### **He FJ, MacGregor GA. Salt: flawed research should not divert actions to reduce intake.**

Mente *et al* state that hypertensive individuals with a salt intake of 10–12.5g per day have a lower risk of death from cardiovascular disease than individuals with either higher or lower intakes. This commentary challenges the views of Mente *et al* and explains why the results of this study may not have been accurate due to methodological issues. The WHO recommends that salt intake is reduced by 30% to ~5g/day by 2025. This would allow large benefits to take place such as the prevention of 1.65 million cardiovascular related deaths each year and major cost savings to the health care system. It is therefore important to not let the findings of Mente *et al* refute the strong evidence of the health benefits of salt reduction for the general

population, nor deter progress in reducing population salt intakes and reaching the WHO target .

He FJ, MacGregor GA. Salt: flawed research should not divert actions to reduce intake. *Nat Rev Nephrol*. 2016 (in press). t [http://dx.doi.org/10.1016/S0140-6736\(16\)30467-6](http://dx.doi.org/10.1016/S0140-6736(16)30467-6) (2016)

### **MacGregor GA, He FJ, Pombo-Rodrigues S. Food and the responsibility deal: how the salt reduction strategy was derailed.**

In 1994, COMA suggested a reduction in salt intake to 6g/day in order to reduce cardiovascular disease. CASH was set up when the recommendation was rejected by the Department of Health in 1996. In 2001, the chief medical officer agreed on the salt recommendation allowing the Food Standards Agency (FSA) to take on salt as a nutritional policy. By 2009, the FSA were able to publish salt targets for 2012. In 2014, the Department of Health published new salt targets for 2017. The salt reduction programme pioneered by FSA and CASH has led to decreases in population salt intake accompanied by reductions in blood pressure and cardiovascular mortality. However, an independent agency is needed to be responsible for nutrition without being affected by changes in government or political lobbying.

MacGregor GA, He FJ, Pombo-Rodrigues S. Food and the responsibility deal: how the salt reduction strategy was derailed. *BMJ* 2015;350:h1936 doi: 10.1136/bmj.h1936.

### **He FJ, Wu Y, Feng XX, Ma J, Ma Y, Wang H, Zhang J, Yuan J, Lin CP, Nowson C, MacGregor GA. School based education programme to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial.**

Using the setting of 28 primary schools in China, CASH investigated whether an education programme could help to reduce the salt intake of children and their families. Children in the intervention group were educated on the harmful effects of salt and how to reduce their salt intake within school health education lessons during one school term. Salt intakes of both groups were measured at the baseline and the end of the term, with change in blood pressure measured as a secondary outcome. The results showed that salt intakes decreased in the intervention group but increased in the control group. The mean effect on salt intake for intervention versus control group was -1.9g/day in children and -2.9g/day in adults. This led to a reduction in systolic blood pressure; -0.8mm Hg in children and -2.3mm Hg in adults. This suggests that a school education programme is effective at helping children and their families to reduce salt and offers a novel way of reducing salt intakes.

He FJ, Wu Y, Feng XX, Ma J, Ma Y, Wang H, Zhang J, Yuan J, Lin CP, Nowson C, MacGregor GA. School based education programme to reduce salt intake in children and their families (School-EduSalt): cluster randomised controlled trial. *BMJ* 2015;350:h770. doi: <http://dx.doi.org/10.1136/bmj.h770>

**He FJ, Ivković V, Jelaković B, Morris J, MacGregor GA. Estimation of sodium excretion should be made as simple as possible, but not simpler: misleading papers and editorial on spot urines.**

This paper tackles claims made by O'Donnell *et al* in recent studies stating they are invalid due to methodological problems. To get an accurate estimate of the salt intake in one individual, six to 11 consecutive 24hour urine collections should be obtained because salt intake tends to vary greatly

day-to-day. Furthermore, to get an accurate understanding of 24hour urinary sodium volume, the correct formula must be used – in this case, it is the Kawasaki formula. Mente *et al* used an incorrect formula giving invalid results. In addition, there are many other types of evidence that relate salt intake to blood pressure and cardiovascular disease. However, none of these were discussed by O'Donnell *et al*. Therefore, the findings of such articles should not be used to divert attention away from the vital and cost-effective health policy of reducing salt.

He FJ, Ivković V, Jelaković B, Morris J, MacGregor GA. *J Hypertens*. 2015;33:884-6. doi:10.1097/HJH.0000000000000548.

**He FJ, MacGregor GA. Salt and sugar: their effects on blood pressure.**

There is strong evidence proving salt intake can greatly impact blood pressure. Countries that have decreased their salt levels from 9-12g/day to the suggested level of 5-6g/day have seen a reduction in population blood pressure and cardiovascular mortality. The mechanism relating salt levels to blood pressure involves extracellular fluid volume. Sugar is one other factor which raises blood pressure through obesity, particularly added sugars present in soft drinks. Sugar and salt were not always present in the mammalian diet – if they were to be reduced, not only would there be a reduction in obesity and cardiovascular diseases but also major cost savings. The article takes a closer look at sugar and salt and the relationship they have with blood pressure.

He FJ, MacGregor GA. Salt and sugar: their effects on blood pressure. *Pflugers Arch - Eur J Physiol* 2015;467:577-86



# Consensus Action on Salt & Health

## Salt Awareness Week 2016

This year, to celebrate 20 years of CASH and 10 years of WASH, our annual Salt Awareness Week focused on the dangers of hidden salt. Our campaign sought to show people that whilst salt has successfully been reduced across many food categories over the last 20 years, large amounts of salt can still be found in many popular everyday foods, without us even realising.

The seventeenth annual National Salt Awareness Week was held on **Monday 29<sup>th</sup> February – Sunday 6<sup>th</sup> March 2015** and focused on hidden salt. The aim of the week was to raise awareness of the hidden salt content of everyday foods. We also wanted to encourage families to choose foods with less salt either by asking for less salt or reading front of pack labels and cooking from home more. A national media campaign was used as the key method of conveying our message to families and the food industry. We issued a press release to launch the week based on our food survey. We also designed a thunderclap campaign, encouraging people to give up the salt shaker for the week – the Salt Shaker Challenge.

### 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 over 640 events taking place around the country throughout the week.

A total of 64,300 leaflets, placemats and shopping guides, and 1,300 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 2<sup>nd</sup> March 2016, hosted by MP David Amess, a great supporter of CASH and the work we do. The day was a success, with over 100 guests attending the event.

Speakers included the event sponsor David Amess MP, Former Chairman of the FSA Lord John Krebs, Andrew Gwynne MP Shadow Public Health Minister and CASH Chairman Professor Graham MacGregor.

**David Amess MP** highlighted progress made so far on salt reduction within the UK and summarised the salt survey that was released at the launch of Salt Awareness Week.



**Lord Krebs** reminisced on the achievements made by the FSA in collaboration with CASH. He recalled a significant lack in interest by the food industry when salt program began, as they didn't see a need for salt

reduction. However following consumer awareness campaigns by FSA and naming and shaming from CASH, there was a real shift in public awareness and industry response. Lord Krebs expressed his disappointment to hear such progress has now ground to a halt, and stressed it was important to apply pressure on the food industry to get salt down.



**Andrew Gwynne MP** looked back at the time when Labour was in power, the successes that were made in public health and the power

that threats of legislation should industry not cut back on salt had on progress. Andrew went on to say he hoped the Childhood Obesity Strategy will unveil ambitious new measures to tackle high salt content in food.



**Professor MacGregor** reminded us all that the food we eat is by far the biggest cause of death and disability in the world. If we were to

improve that food, we'd have people living much longer and would save the NHS a lot of money. As a result of the great work carried out by CASH and the FSA, there are now approximately 70 countries adopting the same salt reduction strategy focusing on reformulation, with regulated salt targets in many countries. In fact, many key stakeholders within the food industry are now asking for targets to be regulated by law so as to create a level playing field.



# Consensus Action on Salt & Health

## Salt Awareness Week 2017 20 - 26<sup>th</sup> March (TBC)

2017 will be a challenging time for public health, with a crumbling government, a failed Responsibility Deal and a Childhood Obesity Strategy will likely be scrapped before it's even begun. December 2017 will see the deadline for the 2017 salt targets, so now would be a key time to drive awareness and understanding more than ever, so to get industry and government on board with reformulation.

*Proposed topics to focus on the week are:*

- 1. Salt and infant nutrition*
- 2. Salt; the forgotten killer – To focus on the government's failure to prioritise public health and prevent unnecessary deaths – this will also give us an opportunity to dispel myths around too little salt damaging health (e.g. recent publications from Mente et al & The Lancet on Stroke Prevention.)*
- 3. The over 55's – it's never too late*
- 4. Hospital Food – lead by example*





# Consensus Action on Salt & Health

## 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 64,300 leaflets/factsheets and 1,300 posters. It is estimated that 262,344 people would have seen our resources.

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





# Consensus Action on Salt & Health

## CASH Alliances

CASH, WASH and Action on Sugar have continued to develop mutually beneficial alliances with other health charities and organisations. 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	National Obesity Forum
Alzheimer's UK	National Osteoporosis Society
American Heart Association	Pan American Health Organisation
Blood Pressure UK	Polycystic Kidney Disease
British Dietetic Association	Public Health Nutrition UK
Cancer Research UK	Public Health England
Center for Science in the Public Interest, USA	Sustain – Campaign for Better Hospital Food
Consumers International	Sustain—Real Bread Campaign
Department of Health	Sustain – The Children’s Food Campaign
Diabetes UK	British Heart Foundation
EMRO Heart research UK	The George Institute for Global Health
European Salt Action Network	The NCD Alliance
Heart UK	The Stroke Association
Kidney Research UK	The Women’s Institute
MEND	Vic Health
Ménière's Society	Which?
Men’s Health Forum	World Health Organisation
UK Health Forum	World Cancer Research Fun

## World Action on Salt and Health

In 2015, World Action on Salt and Health (WASH) celebrated its 10<sup>th</sup> 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. 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 World Salt Awareness Week, which is supported by many countries around the world, and via regular updates on the WASH website, social media (twitter and blog posts) and through media channels including radio and TV.

WASH has established working relationships with a number of international health charities, including The Center for Science in the Public Interest, Danish Heart Foundation, American Heart Association, and The NCD Alliance, which has facilitated opportunities for collaborative working to strengthen our messages on diet and nutrition.

### WASH Membership

World Action on Salt and Health has over 564 members from 94 countries. New members include experts from Norway, India, USA, Italy, Ukraine and Ecuador.

## Updates from around the world

### **AUSTRALIA:**

The George Institute for Global Health, WHO Collaborating Centre (WHOCC), Sydney. The WHO CC 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.

In 2016, the Heart Foundation and Victorian Health Promotion Foundation launched a new campaign “Don’t Trust Your Taste Buds”. A new survey of over 800 Victorians found that most don’t understand the dangerous levels of salt being consumed with over two-thirds claiming that they eat less or about the right amount of salt but many unable to correctly identify high salt foods. The campaign urged Victorians to trust the label and not their taste buds when it comes to identifying hidden salt in processed foods. The consumer campaign is part of the Victorian Salt Reduction Partnership launched last year.

**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.

The George Institute for Global Health recently brought together the collaborators from the NHMRC funded Global Alliance for Chronic Disease project on ‘Cost Effectiveness of Salt Reduction Strategies in the Pacific Islands’ at a meeting in Sydney.

The four-day meeting featured Chief Investigators from the George Institute and Deakin University, and local investigators from the Pacific Research Centre for the Prevention of Obesity and Noncommunicable disease (C-POND), the World Health Organization in Fiji, and the Ministry of Health in Samoa.

### **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. In 2016 it was decided to retire the AWASH brand, and all the activities are being continued through the WHOCC on Salt Reduction and the Food Policy Division at The George Institute. This includes advocating for stronger government and food industry action to reduce salt in Australia.

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 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](http://www.foodswitch.com.au)) which allows users to search for their favourite foods using FoodSwitch functionality without a smartphone. Following the success of the Foodswitch app in Australia and UK, the app has now launched in India, China, South Africa and more recently in New Zealand.

#### **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 its 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. More recently, WASH and CSPI have jointly sent a letter to international food companies to encourage them to support the FDA voluntary salt targets announced in June 2016.

WASH 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). NYC is now the first jurisdiction in the United States to pass this regulation. The regulation is an important step in providing more transparency about what we order in chain restaurants, empowers consumers to make informed decisions, and may encourage restaurants to reformulate high sodium items. Following a court ruling in May 2016, New York City can enforce a rule requiring chain restaurants to post warnings on menu items high in sodium.

#### **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 September 2015, the three term mandate of the Technical Advisory Group of PAHO Director (TAG) meeting ended. The TAG provided leadership for the Regional initiative in the last 3 years, following the work of the Expert group.

In March 2016, the first new TAG Cardiovascular Disease Prevention through Population-wide Dietary Salt/Sodium Reduction for 2016-2019 met. The group is advisory to the Director of PAHO and responds to priority interventions stated in the WHO package of "most cost-effective interventions for NCD prevention" directly related to lowering population levels of blood pressure and subsequently influencing the levels of mortality due to stroke and the group of cardiovascular diseases. It is anticipated that the group will support member States to achieve the WHO Global target for 30% reduction in average salt/sodium intake and 25% reduction in elevated blood pressure by 2025.

### **Barbados**

The recent results from the National Salt study showed that average population salt consumption is 6.75g. The study included 24 h in-depth dietary recalls to determine main sources of salt in the diet.

### **Costa Rica**

In March 2016, The Costa Rican Ministry of Health launched new sodium targets for processed foods and signed an agreement with the Association of the Costa Rican Chamber of

the Food Industry (CACIA) to reduce salt in processed foods.

### **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. Our Chairman, Professor Macgregor is an adviser for the WHO and has been providing advice to the WHO EMRO on developing salt reduction strategies in the region.

#### **Morocco**

In 2016 The Ministry of Health in collaboration with LASH organised a workshop with the food industry on the evaluation and monitoring of salt reduction in processed foods. The government has agreed with the National Bread Federation to gradually reduce the amount of salt in baked products by 2025 and to launch a monitoring programme.

#### **INDIA**

Researchers in India with investigators from the Wolfson Institute (Prof MacGregor and Dr He) and The George Institute Australia completed a study on developing the evidence base for a national salt reduction program for India in 2015. The overall goal of this 3-year project was to develop the evidence base required to formulate a national salt reduction program for India. Results of the project are currently being drafted for publication.

**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.

## **INTERNATIONAL VISITS**

Our Chairman Prof Graham MacGregor conducted the following international visits representing WASH.

April 2016	European Salt Action Network Meeting, WHO, Portugal
March 2016	WHO EMRO meeting on Salt, Fat and Sugar, Egypt
January 2016	2 <sup>nd</sup> International Advisory Panel on Reduction of Salt and Sugar, Hong Kong
November 2015	2nd Portuguese International Meeting on Salt Consumption: Strategies to Reduce Salt Intake
October 2015	Consensus Statement on Measurement of salt intake and support for Africa
May 2015	1 <sup>st</sup> International Advisory Panel on Reduction of Salt and Sugar, Hong Kong

## **WASH AS A GLOBAL MONITOR**

Each year WASH conducted an international food survey, 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.

In 2015, WASH conducted a survey on children’s meals from fast food outlets. The survey, the first of its kind looked at children’s meals sold from popular fast food chains (McDonalds, Burger King, KFC and Subway), a total of 387 meals from 37 countries worldwide were surveyed. The results of the survey showed that 8 out of 10 meals contain more than 1g of salt and over 50% of meals contained more than half a days’ worth of salt for a child under the age of 6 (3g). It revealed the saltiest children’s meals around the world, highlighting, not only the excessive amounts of salt in these meals, but also the huge variation in salt contents of the same meals sold in different countries (KFC children’s meal in Costa Rica contained

5.34g salt compared with 0.9g in UK , a difference of over 4g of salt ). This survey has revealed that differences in global taste preferences cannot be blamed for the difference in salt content, as no one country consistently has the saltiest foods. For example, South Africa had one of the saltiest KFC chicken burgers and fries, and one of the least salty McDonald's burgers and fries.

WASH calls all food manufacturers to reduce the salt contents of their products in line with the global target to reduce salt intake – with children's meals taking priority.

WASH also participated in a global survey on instant noodles undertaken by the WHO CC centre in Australia. The results are expected to be released in late 2016.

## World Salt Awareness Week 2016

World Action on Salt and Health held its 8<sup>th</sup> annual World Salt Awareness Week (WSAW). WASH members were invited to support the week, which focused on encouraging everyone to be aware of hidden salt found in everyday processed foods and to eat less than 5g of salt per day. WASH produced resources (poster, and leaflet) to draw attention to the dangers of hidden salt in processed foods and the recommendation to eat less than 5g per day. The resources were disseminated via the WASH website, and WASH members and social media.

Over 15 countries took part in World Salt Awareness Week. Details of activities can be found in the Salt Awareness Week evaluation report for 2016.

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.

As a result of the week:

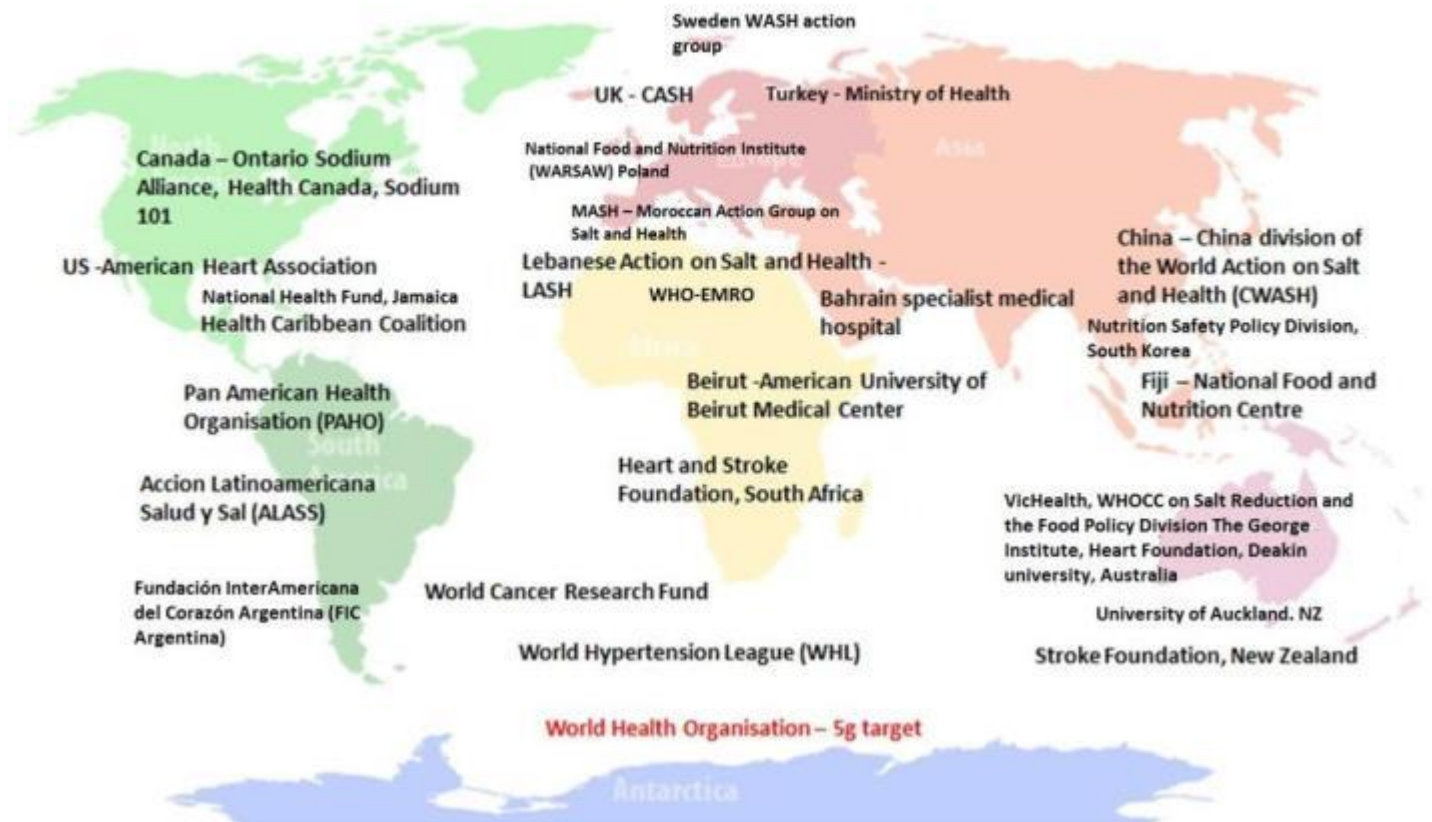
- WSAW raised both the profile of WASH, and of those countries engaged in salt reduction activities.
- WSAW drew attention to the importance of salt reduction around the world
- WSAW provided the opportunity for countries to highlight salt reduction as an important public health intervention to reduce 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 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) and a twitter chat organised by American Heart



Association and Centre for Disease Control. During the week, World Salt Awareness Week received media coverage through print, social media, TV and radio around the world. Examples include a live TV debate on primetime Moroccan TV, Youtube videos produced by the Jamaican National Health Fund (NCF) and a salt calculator developed by the South African Heart Foundation.

## Worldwide support





# Action on Sugar

## Government Level Work

### “CAMERON’S” OBESITY PLAN, AS SUGGESTED BY ACTION ON SUGAR

The main focus of Action on Sugar’s work over the past year has been influencing the government’s childhood obesity strategy, to ensure it is impactful. Once the Scientific Advisory Committee on Nutrition (SACN) announced the new sugar recommendations in July 2015 (that no more than 5% of our daily energy should come from free sugars), Action on Sugar issued a press release, ‘Cameron must act now’. We wrote an evidenced-based plan to prevent obesity and type 2 diabetes and presented it directly to key influential professionals across government and public health and distributed it to hundreds of health professionals, manufacturers and retailers. We indirectly added pressure through support from the media, other NGOs and the general public, by making it the primary focus of our first National Sugar Awareness Week.

### GOVERNMENT AND POLICY

Action on Sugar Chairman, Professor MacGregor, presented evidence of effective strategies to the Health Select Committee as part of their inquiry into childhood obesity, alongside other influential professionals such as Professor Susan Jebb, Dr Alison Tedstone and Jamie Oliver. As an outcome, the Health Select Committee released a report to inform the Government’s child obesity strategy, *Child Obesity – brave and bold action*, which

reassuringly, reinforces the actions on Action on Sugar’s [“Cameron’s” Obesity Plan](#). Following this, we voiced our calls to action during a Channel 4 News prime time interview with John Snow and Ian Wright, the Director of Food and Drink Federation (FDF).

Over the past few months, we have held the following influential meetings, to provide expertise and influence the content of the government’s Childhood Obesity Strategy.

- Nick Seddon (Health Advisor to David Cameron)
- Camilla Cavendish (Head of Downing Street Policy Unit)
- Simon Stevens (Chief Executive, NHS England)
- Duncan Selbie (Chief Executive, PHE)
- Department of Health
- HM Treasury
- Committee of Advertising Practice

We have also held meetings with German MPs and the Scottish Government to inform them of our approach to salt and sugar reduction in the UK.

Internationally, Action on Sugar responded to the World Health Organisation (WHO) obesity report: *Commission on ending childhood obesity*. In addition, Professor MacGregor collaborated with Dr. Ayoub Al Jawaldeh (Regional Advisor, WHO) to review the Eastern Mediterranean Region’s (EMR) policy statement and recommended actions to reduce sugar intake and the rise of type 2 diabetes in the EMR. This will be implemented over the course of the next year particularly in the Gulf States and Dubai, to start tackling the huge rates of obesity in these countries.

## SUGARY DRINKS LEVY

In March this year, the Chancellor announced plans for a levy on sugar-sweetened drinks, as part of the budget. This will be introduced in 2018, to give manufacturers the opportunity to reformulate their drink products to reduce the amount of sugar they contain and subsequently avoid the tax. The announcement gained a lot of media coverage and Action on Sugar has been acknowledged for our significant influence over this decision, for example by MPs, including in a letter from Keith Vaz MP.

## Sugar Product Surveys

Action on Sugar has continued to successfully campaign for sugar reduction in food and drinks, through exposing high sugar products to the public with strong media support and putting pressure on manufacturers to take action.

### **Call for sugar - sweetened soft drink manufacturers to set global sugar reduction targets to help halt worldwide obesity epidemic set to reach 1.12 billion by 2030**

In September 2015, we released our international soft drinks survey showing the amount of, and variation in, sugar in soft drinks around the world. 88% of sugar-sweetened soft drink products contain more than your entire recommendation for the day (25g) in a 330ml can. The survey generated 18 pieces of media coverage across radio, print and online – including the Times and the Telegraph. Action on Sugar continues to work with soft drink retailers and manufacturers to encourage sugar reduction in their products.

### **Shocking amount of sugar found in many hot flavoured drinks**

In February 2016, we released our most successful survey to date; hot flavoured drinks in UK's coffee chains. This new research showed that 98% of the 131 hot flavoured drinks analysed would receive a 'red' (high) label for excessive levels of sugars per serving as sold. 35% of the hot flavoured drinks contain the same amount or more sugars than Coca Cola, which contains a massive 9 teaspoons of sugar per can, and the worst offender, a hot mulled fruit drink from Starbucks, contained a whopping 25 teaspoons of sugar.

The shocking findings dominated the news and gained over 36 pieces of TV, radio and national newspaper coverage; including front page coverage in The Guardian and The Telegraph and across all mainstream TV channels (BBC, ITV, channel 4, channel 5 and Sky News). In excess of 60 online articles covered the story; including popular sites such as the Mail Online, BBC News and the Independent. It also achieved international traction, particularly in North America, as the story was promoted via established international sources such as CNN, CBS and CNBS. This drove significant traffic to our website and social media pages and resulted in #sugar trending on Twitter. Action on Sugar has already started conversations with the most popular coffee chains in the UK – Costa and Starbucks – and will continue to follow up with the other chains.

In future surveys, we aim to look at breakfast biscuits and confectionary foods as they are a large

contributor to the population's sugar intake and potentially baby foods – as there is much confusion in this area.

### MANUFACTURERS & RETAILERS

Action on Sugar continues to meet with manufactures and retailers to encourage, inform and monitor sugar reduction. The retailers, brands, out of home sector and umbrella bodies that we've met since June 2015, include:

Food and Drink Federation, Association of Cereal Food Manufacturers, Nestle, Unilever, Ella's Kitchen, Britvic, Coca Cola, PepsiCo, Innocent, Fentimans Ltd, Refresco Gerber, Princes, Kelloggs, Innocent, MARS, Little Dish, The British Fruit Juice Association, Costa, ASDA, Tesco, Iceland and Marks and Spencer.

We also continue to learn about new, sugar-free brands on the market, such as SlimBe and UGLY drinks.

Notable commitments and progress over the past 12 months include:

- Tesco announced their plans to reduce sugar in their soft drinks by 5%, year-on-year.
- Starbucks communicated with us their plans for sugar reduction, very notably just ahead of Sugar Awareness Week – proving the pressure of such events contribute to decision-making. They have committed to cut sugar in their drinks by 25% before 2020.
- The British Retail Consortium (BRC) is now in agreement with Action on Sugar that

mandatory reduction targets across sugary products should be set. Andrew Opie, director of food and sustainability at BRC, said many retailers would welcome Government sugar reduction targets if they were compulsory.

- MARS have announced plans to continue reducing sugar and salt in their products, plus include more responsible messages on their packaging.
- Costa Coffee plans to reduce sugar in drinks by 25% by 2020.

In May we consulted top retailers and brands on what they thought the best approach to sugar reduction is – for example, voluntary or mandatory reformulation targets. We received 14 responses, out of which six stated they would prefer mandatory targets and echo the view of Action on Sugar and the British Retail Consortium – that a fair, level playing field is the best way to achieve progress.

### GAINING EXPERTISE IN THE FOOD TECHNOLOGY OF SUGAR REDUCTION

Action on Sugar has held several informative meetings with food technologist experts over the past few months, to enable us to advise on the reformulation of sugary foods and drinks in a realistic and practical way. We visited Refresco Gerber (Tesco soft drink providers) and Kellogg's factories in January and February of this year and had an explanatory discussion with MARS' Director of Science. We have also attended several conferences over the past year, which have focused on sugar reformulation.

# Raising Action on Sugar's profile

In addition to raising our profile amongst the public and other NGOs, Action on Sugar has been gaining momentum online. Twitter (almost 8000 followers) and Facebook (approximately 2,250 likes) are useful platforms to share our work and gain support from the public and professionals.

## WEBSITE LAUNCH [WWW.ACTIONONSUGAR.ORG](http://WWW.ACTIONONSUGAR.ORG)

We launched our website in December 2015 and will continue developing content and pages to generate awareness of all aspects of our campaign. Our next priority is to create a space to promote the voice of consumers, to highlight the abundance of messages we receive from the general public in regards to unhealthy food and drink products on the market and their health concerns. We would also like to update our selection of fact sheets and downloadable resources, to disseminate accurate, key messages and continue to raise awareness about the importance of our campaign.

Action on Sugar consistently contributes articles to national consumer and health professional magazines and websites, such as Jamie Oliver's Food Revolution website, healthy living and home magazines, dental websites and Complete Nutrition magazine.

## CONFERENCES

Over the past year, Action on Sugar have presented to a range of audiences, at several influential

conferences, to educate on sugar and promote our Obesity Plan, including The Sugar Summit and The British Soft Drinks Conference.

## Resources

Action on Sugar developed consumer-facing resources, *Sugars: Learn More, Eat Less*, to educate on free sugars and provide simple tips for reducing sugar consumption.

### Sugars: Learn More, Eat Less

Excess sugar intake is linked to an increased risk of tooth decay, weight gain and type 2 diabetes. In particular, the type of sugars that we eat too much of are called 'free sugars'. These are mainly sugars which have been added to food and drinks and provide excess calories with limited nutritional value. Some nutritious foods and drinks however, like fruit and milk, contain naturally occurring sugars and it is important not to confuse these with the 'free' sugars in our diets. Read on to learn what free sugars are and some top tips for consuming less.

**What Are 'Free Sugars'?**

Working out what free sugars are takes some practice. It is healthier to eat fruit and vegetables whole - whether fresh, frozen or dried - because when a fruit or vegetable is processed (e.g. into a smoothie, fruit juice or puree) the sugars become free sugars. Milk and milk based products contain a naturally occurring sugar (lactose), but any sugars added to create flavour are free sugars (e.g. in a chocolate milkshake or flavoured yoghurt). Honey, other syrups and nectars are free sugars and so if you're looking to cut down your sugar intake, they are not a useful substitute.

**Check Ingredients**

It is hard to tell the difference between the amounts of free and naturally occurring sugars that a product contains, because the RI refers to total sugars. Check the ingredient list. If sugar, glucose, honey, syrup and fruit juice concentrates appears in the top three ingredients then it is high in free sugars.

**Free Sugars ARE:**

- Added sugars including honey, syrups and nectars.
- All sugars in drinks (except from the lactose in milk drinks, including in smoothies and fruit and vegetable juices and added sugars in flavoured milkshakes and milk substitutes, like rice and almond drink).
- All sugars in jams, marmalades, fruit spreads and preserves.
- All sugar in fruit and vegetable purées.

**Free Sugars ARE NOT:**

- Sugars naturally present in whole, dried, frozen and canned fruit and vegetables.
- Sugars naturally present in steamed fruit and vegetables.
- Natural sugars in milk and milk products (milk, cream, cheese and plain yogurt).
- Natural sugars in cereal, grains, nuts and seeds.

**Portion Size**

Often, the sugar content on the front of the packet refers to a serving that is smaller than the amount that you may eat or drink. You can reduce your sugar intake by eating and drinking a smaller portion.

**Did You Know?**

- 150ml of a fruit juice or smoothie counts as one of your 5 A Day, but no more! It's healthier to eat fruit and veg than to drink it.
- The daily maximum recommended intake of free sugars is less than 7 teaspoons for an adult and 5 for a child.
- Sugary drinks are the biggest contributor of free sugars in the diets of children and adolescents.
- We currently consume 2-3 times more free sugars than is recommended for our health.

**Sugar Smart Shopping**

Many everyday nutritious foods like breakfast cereals, which contain fibre and important vitamins, can be high in sugar. Checking food and drink labels allows you to spot these 'sneaky' sugars and compare products and brands to make healthier choices. Some companies make label reading easier by using either colour-coded labelling or Reference Intakes on the front of packaging. Sugar is reported on packaging as total sugar, which includes both naturally occurring and free sugars.

**Colour-coded Labelling**

Colour-coded labelling makes it easy to see at a glance if a product is high (red), medium (amber) or low (green) in total sugar, fat, saturated fat, and salt.

Guidelines for drinks are different to food because they don't make us feel full and so are easy to over-consume.


**Reference Intakes**

Reference Intakes (RI) are general guidelines for the average amount of energy and certain nutrients that adults should not exceed in a day, and are related as a percentage (RI). Remember the RI for sugars is a maximum of the total daily intake (TDI) and not the recommended maximum for free sugars (RMI) if you're buying for children, the RI for children are far lower than for adults.

[www.actiononsugar.org](http://www.actiononsugar.org)

Action On Sugar

@actiononsugar



### Use this guide to make healthy choices when shopping

To consume less free sugars, saturated fat and salt, choose more food and drinks from the green column and less from the amber and red.

Limit these foods and drinks	Check the label	Choose these foods and drinks more often
<p><b>Bread, cereals and starchy foods:</b> Sugar sweetened cereals, Crispy breads, Pizzas, Pastas, Pastries, Biscuits.</p> <p><b>Dairy:</b> Whole milk, Flavoured milk, Sugar sweetened yoghurt and fromage frais with added sugars, Ice Cream.</p> <p><b>Fats and oils:</b> Some types of butter, ghee, dripping, lard, suet, Some oils e.g. palm and coconut, Peanut.</p> <p><b>Meat, fish and vegetarian alternatives:</b> Meat or fish in high sugar sauce (e.g. sweet and sour sauce), Some curries, Processed meats: Fatty meats, Meat pies and sausage rolls, Meat free sausage rolls and pies.</p> <p><b>Fruit and vegetables:</b> Fruit and vegetable dishes in sauce (e.g. sweet and sour sauce), Dressed (e.g. salad), Fruit puddings e.g. apple crumble.</p> <p><b>Desserts and snacks:</b> Cakes, Biscuits, Confectionery, Ice cream, Sweets, Milk chocolate, Milk chocolate, Chocolate mousses, Milk chocolate, Gingerbread, Sweet popcorn.</p> <p><b>Drinks:</b> Sugary drinks, Carbonated sugar-sweetened drinks, 100% natural fruit-flavoured drinks, Squash, Flavoured milk, Flavoured water with added sugar.</p> <p><b>Cook-in sauces, table sauces and spreads:</b> Sauces e.g. chocolate spread, Table sauces e.g. BBQ sauce, ketchup, sweet and sour sauce, sweet chili sauce, Some pasta and curry sauces, Condiments e.g. chutney.</p>	<p><b>Bread, cereals and starchy foods:</b> Biscuits, Cakes, Pastas with sauces.</p> <p><b>Dairy:</b> Milk, alternatives e.g. soya and almond drink, Some flavoured yoghurts.</p> <p><b>Fats and oils:</b> Crispy breads, Some spreads e.g. peanut butter.</p> <p><b>Meat, fish and vegetarian alternatives:</b> Crispy breads, Fish cakes, Fish in batter, Ready meals, Baked beans.</p> <p><b>Fruit and vegetables:</b> Cold and hot sugar dressing, Cold and hot dressings e.g. vinaigrette, mayonnaise, oven chips, Processed fruit snacks, Some ready-choose vegetable soups, Ready meals.</p> <p><b>Desserts and snacks:</b> Some cream cakes, Fruit bars, ice cakes, fruit cakes, Dark chocolate.</p> <p><b>Drinks:</b> Some fruit juice (beverage), Low-sugar soft drinks, Low-sugar squash.</p> <p><b>Cook-in sauces, table sauces and spreads:</b> Some pasta and curry sauces.</p>	<p><b>Bread, cereals and starchy foods:</b> Sugar-free cereals, Pasta, Bread (including rye and rye), Pasta, Pasta e.g. macaroni, Baked whole wheat, quinoa, spelt, rice, Potatoes and plantain.</p> <p><b>Dairy:</b> 1% fat milk, skimmed milk, Plain yoghurt, Plain fromage frais.</p> <p><b>Fats and oils:</b> Some oils e.g. olive, rapeseed, canola, peanut, sunflower, sesame, corn oils.</p> <p><b>Meat, fish and vegetarian alternatives:</b> Fresh, frozen and tinned fish, Tinned fish in water, Tofu, Toppings.</p> <p><b>Fruit and vegetables:</b> Fresh, frozen and tinned fruits, vegetables and pulses, Tinned fruit and vegetables in water.</p> <p><b>Desserts and snacks:</b> Sugar-free jelly, Plain yoghurt with fruit, Fruit, dried fruit and fruit salads without added sugars, Unsweetened nuts and seeds.</p> <p><b>Drinks:</b> Low-sugar sparkling water, Dammed milk, Tea without sugar, Coffee without sugar.</p> <p><b>Cook-in sauces, table sauces and spreads:</b> Low-sugar gravy.</p>

For more information on how to reduce your sugar intake, please visit [www.actiononsugar.org](http://www.actiononsugar.org) Charity registered number: 1080818

## Action on Sugar

### Publications

**Hashem KM, He FJ, MacGregor GA. Systematic review of the literature on the effectiveness of product reformulation measures to reduce the sugar content of food and drink on the population's sugar consumption and health: a study protocol.**

A systematic review was carried out to assess the evidence on the effectiveness of product reformulation measures to reduce the sugar content of food and drink. Electronic databases were searched for bibliographies of papers which matched the inclusion criteria. The bibliographies were then hand searched for any other relevant references. Grey literature searches were also undertaken using keywords such as 'sugar' and 'food' or 'drink' and 'reduction'. The selection of the studies and the quality appraisal were then performed independently by two reviewers. Data was initially analysed through a narrative synthesis method.

Hashem KM, He FJ, MacGregor GA. Systematic review of the literature on the effectiveness of product reformulation measures to reduce the sugar content of food and drink on the population's sugar consumption and health: a study protocol. *BMJ Open* 2016;6:e011052. doi:10.1136/bmjopen-2016-011052

**Ma Y, He FJ, Yin Y, Hashem KM, MacGregor GA. Gradual reduction of sugar in soft drinks without substitution as a strategy to reduce overweight, obesity, and type 2 diabetes: a modelling study.**

This study looked at a proposed reduction of free

sugar levels in sugar-sweetened beverages by 40% over the next 5 years and predicted reduction in energy intake resulting from this. High intakes of free sugars can be seen as being partially responsible for obesity and obesity related diseases such as Diabetes Type 2. Action on Sugar used data from the National Diet and Nutrition Survey rolling programme from 2009-2012 and the British Soft Drinks Association annual reports to calculate the consumption of sugar-sweetened beverages and their contribution to free sugars and energy intakes in the population. Using this data and the proposed plan, it was suggested that a 40% reduction in the free sugars added to sugar-sweetened beverages over 5 years would lead to an average reduction in energy intakes of 38.4kcal/day by the end of the fifth year, leading to an average reduction in steady-state bodyweight of 1.2kg in adults and a 1% point reduction in the prevalence of overweight adults. This translates to approximately 0.5million fewer adults being classed as 'overweight' and 1 million fewer being obese. This could lead to 274,000-309,000 cases of obesity-related type 2 diabetes being prevented over the two decades after the predicted reduction in bodyweight is achieved. If the plan was to exclude fruit juices, the reductions for energy intake and steady-state bodyweight would be 31.0kcal/day by the end of the fifth year and 0.96kg respectively. This would result in a reduction in 0.3million fewer adults being overweight and 0.8million reduction in obesity, which would in turn prevent between 221,000 - 250,000 cases of type 2 diabetes over two decades after the predicted reduction in bodyweight is achieved. The findings demonstrate

that a reduction in the free sugars being added to beverages would cause a decrease in obesity and obesity related diseases and may have a greater effect in adolescents, young adults and individuals from low-income families.

Ma Y, He FJ, Yin Y, Hashem KM, MacGregor GA. Gradual reduction of sugar in soft drinks without substitution as a strategy to reduce overweight, obesity, and type 2 diabetes. A modelling study. *Lancet Diabetes Endocrinol.* 2016;4:105-14. doi: 10.1016/S2213-8587(15)00477-5.

**Boulton J, Hashem KM, Jenner KH, Lloyd-Williams F, Bromley H, Capewell S. How much sugar is hidden in drinks marketed to children? A survey of fruit juices, juice drinks and smoothies.**

Action on Sugar investigated the amount of sugar present in fruit juices, juice drinks and smoothies being marketed towards children. This was done by surveying the sugars content of all fruit juice, juice drinks and smoothies sold across seven major UK supermarkets, including the supermarket's own products and branded products. The results identified smoothies to contain the most sugar (13.0g/100ml), followed by fruit juices (10.7g/100ml). Juice drinks contained the least amount of sugar (5.6g/100ml). Of the 203 products surveyed, 117 would receive a red front of pack label for sugars per standardised 200ml serving, while only 63 products would receive a green front of pack label. 85 products contained a child's maximum daily amount of sugars (19g) or more. The results indicate drinks marketed towards children contain a very high amount of sugar. To stop this, manufacturers must decrease the amount of sugar they add to their products.

Boulton J, Hashem KM, Jenner KH, Lloyd-Williams F, Bromley H, Capewell S. How much sugar is hidden in drinks marketed to

children? A survey of fruit juices, juice drinks and smoothies *BMJ Open* 2016;6:e010330. doi:10.1136/bmjopen-2015-010330

**Energy Drinks: What's the evidence? Shelina Visram, Kawther Hashem. Food Research Collaboration (for release: July 2016).**

There has been a rapid increase in the consumption of energy drinks in the last few years along with a rise in the sales of the drinks by 155% from 2006 – 2014 meaning there is an average per capita consumption of 9.4 litres. Although the market for soda is declining, the market for global energy drinks is forecasted to grow at an annual rate of 3.5% between 2015 and 2020. Evidence indicates teenagers who consume energy drinks are more likely to have an unhealthy diet, consume alcohol and smoke. It is for this reason, emergency department visits linked to youth energy drink consumption has doubled between 2007-2011. There is limited evidence concerning young children consuming energy drinks and the long term effects on them. Therefore, some countries have taken precautionary actions and banned the sales of energy drinks to under 18's or restricted the selling of these drinks to pharmacies only. Companies have produced low or no sugar varieties due to the concerns in society but have not yet done anything to change the amount of caffeine present in them. Examples of actions in response to these concerns include more specific labelling and limits on the caffeine and sugar content and marketing and sales. Although there are gaps in the evidence, there is sufficient evidence to demonstrate that energy drinks have negative health effects and it is now vital for policy makers and civil society to correct this.



## Sugar Awareness Week 2015

Action on Sugar delivered a successful awareness week from 30th November until 6th December, 2015. The focus of the week was to promote our evidenced-based childhood obesity plan, “Cameron’s” Plan and to gain enough traction to influence the government’s impending Childhood Obesity Strategy.

A number of relevant events fell into Sugar Awareness Week, which is likely to be a result of the publicity it would generate; Jamie Oliver released his obesity plan, the Health Select Committee released their report: Child Obesity – brave and bold action, and a sugar tax debate by MPs took place in the Houses of Parliament.

Sugar Awareness Week gathered a lot of media interest – 40 pieces of media coverage across national TV channels, radio, print and online. TV highlights included interviews on ITV Good Morning Britain, ITV This Morning, Channel 5 news, BBC2 Victoria Derbyshire Programme and Sky News.

We also created calls for action on our social media platforms, asking the public to ask retailers and manufacturers to reduce the amount of sugar in their food and drink products. Many influential health organisations and professionals expressed their support of Sugar Awareness Week, including:

PHE, Professor Kevin Fenton (Health Improvement and Population Healthcare Leader at PHE), Health Select Committee, House of Commons Petition Committee, Jamie Oliver’s Food Revolution and the British Dental Association – culminating in the remarkable result of #sugarawarenessweek trending on twitter.

### PARLIAMENTARY RECEPTION

The main event of the week was our Parliamentary Reception, hosted by Geraint Davies MP, at which Professor MacGregor presented our “Cameron’s” Plan to a room full of MPs, retailers, manufacturers and health professionals. We invited Dr Alison Tedstone (PHE), Tim Smith (Tesco) and Andrew Opie (British Retail Consortium) to discuss the evidence behind sugar reduction and practical examples of what could be achieved.



**Geraint Davies MP, Swansea West**, hosted our Sugar Awareness Week parliamentary Reception, and spoke supportively of introducing a Sugar Tax.



**Dr Alison Tedstone, Director of Diet & Obesity, Public Health England (PHE)** provided an overview of the evidence – discussing the need to reduce sugar in our diets and what the most effective strategies are – referencing PHE’s key document *Sugar Reduction: the evidence for action*. Alison discussed how 40% of the food and drink we purchase is on promotion, and the majority of these products are high in saturated fat, sugar and salt. She indicated that tackling promotions needs to be a key part of the government’s childhood obesity strategy.



**Tim Smith, Group Quality Director, Tesco** discussed Tesco’s achievements and commitments in re: to sugar reduction – a 5% year-on-year open ended reduction in sugar across their soft drinks range. Other retailers were encouraged to follow suit.



**Professor Graham A MacGregor, Chairman of Action on Sugar**, reminded the audience that the food and drink we consume is the largest cause of preventable death. Graham presented our obesity plan, “Cameron’s” Plan and stressed that reformulation is the most effective approach to healthier eating at population level.



**Andrew Opie, Director of Food and Sustainability, British Retail Consortium**, stressed in his talk that in order for reformulation to be successful across the board, sugar reduction targets should be mandatory. This would provide the level playing field required to see the progress needed.



Public Health England's Sugar reduction team exhibited their Change4Life Sugar Swap resources, as an example of how to support consumers in making healthy choices.



### SUPPORTERS

With the support of the following companies, we were able to host a Parliamentary reception.

Waitrose

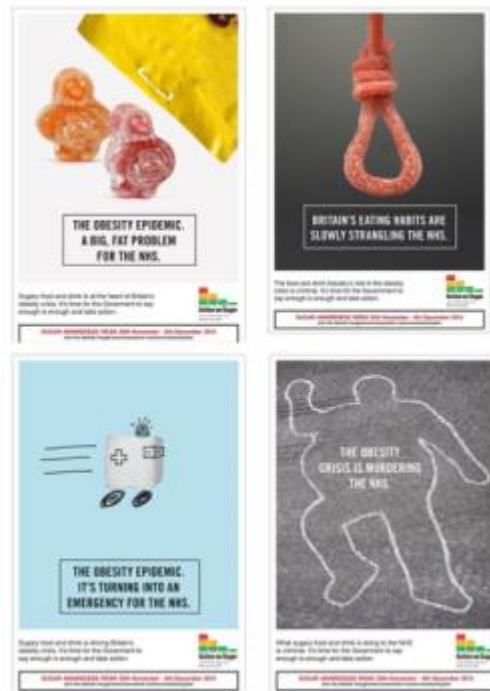
The **co-operative** food  
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### SUGAR AWARENESS WEEK RESOURCES

The resources developed for Sugar Awareness Week 2015 highlighted the impact of obesity and type 2 diabetes on the NHS and directly targeted Government. These were promoted via social media and displayed at our Parliamentary Reception.



## Sugar Awareness Week 2016

2015's Sugar Awareness Week focused on policy and the government's Childhood Obesity Strategy. We will continue to put pressure on for a strong strategy as a major focus of our work. 2016's Sugar Awareness Week provides an opportunity to help consumers learn more about sugar (free sugars) in order to attempt to reduce them. There is currently a lot of interest in sugar amongst the general public, which we can take advantage of, but with that comes a lot of confusion. Highly influential media chefs and food bloggers provide mixed messaging by insinuating that syrups are a healthier alternative to sugar. Fruit is being cast as sugary and unhealthy. There is also confusion between 'added' and 'free' sugars, whereby manufacturers can mislead the public into thinking a product is much healthier than it is – despite it containing high levels of free sugars. The concern is that people believe they're reducing their sugar intake, but actually are not. It's time to help the public really understand what they're eating and drinking.

Depending on what our key strategy is over the next few months, proposed topics for sugar awareness week are:

1. Product survey: sugars in baby food (1 year plus) – educate public/ pressure manufacturers
2. Calls to action for clearer labelling: encourage and educate public to interpret labels and pressure manufacturers to provide honest labelling (e.g. added vs free sugars)
3. The Government's Obesity Plan: Responsibility Deal v2

The date is to be confirmed, but is likely to be in **Winter 2016**.

## Action on Sugar Alliances

Action on Sugar has continued to build important relationships with other health charities, non-governmental organisations and faculties of health. For example, a joint letter from Action on Sugar to David Cameron, signed by many other health organisations and published in the Times, resulted in a personal response letter from the Prime Minister and was very likely to have influenced the Sugar Levy decision. We've had independent meetings with Cancer Research UK, World Cancer Research Fund UK, British Heart Foundation, Diabetes UK, Jamie Oliver's team (including Food Revolution) and are part of the Children's Food Campaign working party group. Earlier this year, we joined the Obesity Health Alliance\* (OHA), to represent a unified voice across the public health sector.

### THE OBESITY HEALTH ALLIANCE

The Obesity Health Alliance has set out three key actions that it wants the government to include in its childhood obesity strategy to help people make healthier choices and live healthier lives:

- a ban on TV adverts for high-fat, high-salt and high-sugar food and drink before the 9pm watershed
- the introduction of a 20 per cent tax on sugary drinks
- the development of a set of targets for retailers, addressing the salt, sugar and saturated fat levels in their products.

Action on Sugar is providing a leading role in the OHA's thinking behind how to encourage and deliver an effective reformulation programme, which we have presented to the Department of Health on behalf of the OHA.

## Next steps at Action on Sugar

Over the next few months, Action on Sugar will continue to put pressure on the government to strengthen and release the Childhood Obesity Strategy, specifically targeting the new Prime Minister, Theresa May. We will continue to reinforce importance of sugar tax to get it through Parliament and respond to the Committee of Advertising Practice (CAP) consultation. We will continue to release product surveys and meet with manufacturers to pressure them to reformulate their products and make healthy changes. Action on Sugar also plan to provide resources for simple consumer messaging on free sugars.

**For more information please contact:**

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***We are very thankful for the support  
that the British Heart Foundation has provided  
2013-2015***

[www.actiononsalt.org.uk](http://www.actiononsalt.org.uk)

[www.worldactiononsalt.com](http://www.worldactiononsalt.com)

[www.actiononsugar.org](http://www.actiononsugar.org)

[www.foodswitch.co.uk](http://www.foodswitch.co.uk)