Policy Position

UK Salt Reduction Strategy

Summary

The once-successful UK salt reduction strategy has been adapted by many countries worldwide, including the USA, Canada and Australia. However, since 2013, industry progress has not been monitored, and UK population salt intake has not been measured since 2014.

Action on Salt recommend the following six evidence-based actions:

1. Measure and publicly report industry progress against the 2017 salt reduction targets
2. Set new, ambitious salt reduction targets for manufacturers and the out of home sector
3. Measure salt intake through 24-hour urinary sodium measurements every two years
4. Make front-of-pack colour coded labelling mandatory and implement warning labels on menus in the out of home sector
5. Ensure only healthy products are marketed, promoted and advertised
6. Develop and implement a public awareness campaign on salt

Background

Salt and Health

Strong evidence demonstrates that a diet high in salt raises blood pressure at all ages. Raised blood pressure is the largest risk factor for cardiovascular disease (CVD), which is the leading cause of death and disability worldwide[1]. In addition, high salt intake is linked to greater incidence of stomach cancer, osteoporosis and chronic kidney disease. Salt reduction is internationally recognised as a priority for public health and benefits all demographics, particularly the socially deprived.

Most salt in the UK diet (75%) comes from salt added by the food industry to processed supermarket food, or food eaten out of the home. Many people do not realise they are eating too much salt and remain unaware of the effect this has on blood pressure and health, particularly as raised blood pressure is symptomless. Reformulating foods to contain less salt is key to reducing population salt intake, lowering blood pressure and decreasing the prevalence of CVD.

Evolution of the UK Salt Reduction Strategy

Action on Salt (formerly Consensus Action on Salt & Health) was established in 1996 as a response to the refusal of the Chief Medical Officer (CMO) to endorse recommendations made by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) that UK population salt intake should be reduced gradually to 6g per day. Following significant pressure by Action on Salt and its members, the CMO Liam Donaldson gave his support to population-level salt reduction in 2001.

In 2000, the Food Standards Agency (FSA) was set up and took responsibility for nutrition policy. The FSA instructed the Scientific Advisory Committee on Nutrition (SACN) to review the evidence on salt and health. In 2003 SACN published a report reiterating that salt intake should be reduced to 6g per day or lower.

In 2004, the FSA launched a salt reduction programme involving a successful behavioural change campaign. This comprised 4 phases and ran until 2009. In conjunction with this, in 2006 the FSA (with input from Action on Salt) set voluntary salt reduction targets for 85 categories of food to be met by 2010. In 2008, the salt targets were reviewed and reset to lower targets (approximately 10-20% lower than the previous targets), and were expected to be met by 2012.

Public Health Responsibility Deal

In 2010, responsibility for nutrition passed from the FSA to the Department of Health, who launched the Public Health Responsibility Deal in 2011. The Responsibility Deal put the food industry in charge of policing themselves and improving the nutritional quality of the food they produced. The 2012 salt reduction targets were incorporated into the Responsibility Deal as a voluntary pledge that companies could sign up to, but by this time the targets had already lost significant momentum due to lack of monitoring.

In 2013, after significant pressure from Action on Salt, the then Public Health Minister Anna Soubry agreed to review and reset the salt targets further. New targets were subsequently set in 2014 to be achieved by December 2017, along with new targets for the out of home sector[6]. However, following the 2015 General Election, the Public Health Responsibility Deal was dissolved.

Current Salt Reduction Policy

In March 2017, Public Health England (PHE) re-published the 2017 targets, and state on their website that businesses are expected to work towards achieving the salt targets as part of the sugar reduction and wider reformulation programme, one of the main commitments of 'Childhood obesity: a plan for action'[2].

The Need for an Alternative Policy

Under the FSA, industry progress on salt reduction was publicly monitored and salt intake was monitored in samples of the population through 24 hour urinary sodium measurements as part of the National Diet and Nutrition Survey (NDNS). As a result, the salt content of food products was reduced by 20-40%, and population salt intake fell from 9.5g per day to 8.1g per day between 2003 and 2011, a 15% reduction. This was accompanied by a fall in population blood pressure and mortality from stroke and ischaemic heart disease[3].

Evaluations of the Responsibility Deal highlight its lack of efficacy and robustness[4]. This is mirrored in the salt intake of the UK population, which did not greatly decrease between 2011 and 2014. Following the dissolution of the Public Health Responsibility Deal, there has been a complete lack of industry monitoring. Furthermore, PHE have not made a concrete announcement as to when they will report on industry progress of the 2017 targets, nor whether new salt targets will be set for 2018 and beyond.

Policy Options

In order to protect the health of the UK population, and lower salt intake in line with national and international recommendations, the UK government should consider the following:

1. **Publicly monitor and report on progress towards achieving the 2017 salt reduction targets**

   Industry commitment to, awareness of, and progress on salt reduction has not been monitored since 2013. Furthermore, the out of home sector has not been monitored towards achievement of the maximum salt per serving targets. PHE must reiterate that salt reduction is an essential public health priority and reinvigorate the programme.

   Recommendation:

   - PHE must buy food purchasing and nutrient data to establish the number of products meeting the 2017 targets. Companies meeting and not meeting the targets should be publicly highlighted
   - PHE must evaluate industry (including retailers, manufacturers, caterers and the out of home sector) awareness of and commitment to the 2017 targets, as well as their understanding of how the targets can be met. Case studies of successful reformulation of products and dishes to meet the targets should be made available to aid industry-wide reformulation
   - PHE must engage with the out of home sector and gain commitment to the out of home maximum salt per serving targets
   - PHE should publicly report on industry progress towards achieving the 2017 targets on their website, as the FSA did.

2. **Reset salt targets for 2022**

   Salt reduction targets are key to lowering population salt intake, hence they must be regularly reviewed and reset at lower (i.e. more stringent) levels. The UK's salt reduction targets were last reviewed and reset in 2014, and there are currently no targets in place for 2018 and beyond. It is imperative that PHE review the 2017 salt targets for retailers, manufacturers and the out of home sector.

   Recommendation:

   - PHE should review the 2017 targets and set new and ambitious targets on the 76 categories of food currently covered, to be met by 2022
   - PHE should review the out of home maximum salt per serving targets and set new and ambitious targets on the 24 categories of food currently covered, due to be met by 2022
   - Progress towards meeting the 2022 targets should be monitored annually by PHE, through sales level data
   - PHE should engage local authorities to aid monitoring of the 2022 out of home targets. The out of home sector must also be encouraged to share information on reformulation work with PHE, providing annual reports on progress
   - The Department of Health and Public Health England should recommend the use of potassium-based salt replacers by the food industry, as approved by both the Scientific Advisory Committee on Nutrition and Committee on Toxicity, in categories where salt is required for safety purposes, e.g. some cured meat

products. Where companies are replacing salt with sodium alternatives, the overall saltiness should still be reduced[8]

- If adherence to the 2022 targets is low, PHE should make the targets mandatory for retailers, manufacturers and out of home outlets.

3. Measure population salt intake in the UK through regular 24-hour urinary sodium collection

The World Health Organisation recommends monitoring population salt intake as a key component of a successful salt reduction strategy[5]. Estimation of salt intake from urinary excretion is widely regarded as a more reliable method than dietary assessment because of difficulties in quantifying discretionary salt used in cooking and at the table[6]. Average salt intake, measured by 24-hour urinary sodium measurements obtained from a random sample of the adult population, has been measured as part of the National Diet and Nutrition Survey (NDNS) over a number of years (2014, 2011, 2010, 2009, 2008, 2005/2006). Recently, PHE published data from Years 6 and 7 of the NDNS rolling programme (2016 data), but no mention of salt intake was made[7].

Recommendation:

- PHE must commission a new study measuring UK population salt intake using 24-hour urinary sodium measurements in a random sample of the population
- Measurement of population salt intake should be implemented as a regular programme, ideally every 2 years.

4. Enforce Consistent Front of Pack Colour Coded Nutrition Labelling and Consult on Warning Labels

Studies have found that nutrition labelling aids consumer awareness and understanding, and helps guide people towards healthier choices[12]. In the UK, the Department of Health's front of pack labelling scheme combines colour coding and percentage reference intakes, but this is a voluntary system. Some companies only display energy (calorie) information on front of pack, or display nutrient content without colour coding. Furthermore, this is only typically displayed on packaged foods sold in supermarkets, not in restaurants, cafes or fast food outlets. With people eating out ever more frequently, it is imperative that clear nutrition labelling is displayed on menus and/or at the point of sale to enable people to make an informed choice regardless of where they purchase food.

Since 2015, all chain restaurants in New York City with 15 or more outlets nationwide have been required to post a warning label beside menu items with more than 5g of salt per portion[13]. Philadelphia City Council passed a law in June 2018 requiring the same warning labels on menus[14].

Recommendation:

- PHE should ensure all food companies commit to using colour coded front of pack labelling on all products, and ensure that restaurants and food outlets display similar colour-coded labelling on packaging or on menus
- The Department of Health should consult on the implementation of warning labels on high salt supermarket and restaurant foods, using international examples as a model

5. Ensure only healthy products (not high in fat, salt and sugar) are marketed, promoted and advertised

Research shows that marketing greatly influences the food children choose to eat. In 2017, the Committee of Advertising Practice introduced new rules, which ban the advertising of HFSS food and drink products in traditional and online media and other sites where children make up over 25% of the audience. Loopholes in these regulations however mean that children are still exposed to marketing on sites and TV programmes popular with both adults and children.

Recommendation:

- Current restrictions on advertising should be extended to all broadcast media advertising, and strengthened to include not just websites popular with children but also websites popular with adults used by children
- The use of unlicensed but commonly recognised cartoon characters and celebrity endorsement within children's advertising should not be allowed on HFSS products, including on packaging
- Only healthy (non-HFSS) products should be put on promotion (including price promotions such as meal deals, multi-buy and extra-free deals)
- Only healthy (non-HFSS) products and brands should be allowed to sponsor sporting and cultural events
- Only healthy (non-HFSS) products can be placed near the checkout or on the end of aisle in any retail settings
- 'Upselling' techniques commonly used in the out-of-home sector to persuade customers to buy additional products should only be used to sell non-HFSS products
- Ultimately, only healthy (non-HFSS) products should be marketed across all platforms, including TV, digital and print marketing.

6. Develop and Implement a Public Awareness Campaign

Evaluations of UK and international public awareness campaigns to reduce salt intake have found that they lead to lower salt consumption. Furthermore, they are considered an essential element of a salt reduction strategy as they help drive reformulation work to meet consumer demand[9]. Public awareness of the need to reduce salt increased during the FSA's public awareness campaign. An evaluation of the campaign found that between 2004 (pre campaign) and 2010 (post campaign), there was a 29% increase in those making an effort to cut down on salt in their diet, and a 72% increase in those using food labelling to check salt levels in food[10]. However, once the campaign finished awareness dropped, which is evidenced through the results of the latest FSA Public Attitudes tracker, which highlights that public concern of salt has decreased[11].

Recommendation:

- In addition to work with the food industry, PHE should develop and implement a public awareness campaign focusing on the effects of salt on health, and the levels of salt in supermarket and restaurant food. This can be incorporated into PHE's Change4Life and OneYou Campaigns, and issued every year to maintain awareness and understanding.

References

1. The Global Burden of Disease Study. http://ihmeuw.org/4dks
2. Public Health England (2017). Salt reduction: targets for 2017. https://www.gov.uk/government/publications/salt-reduction-targets-for-2017
3. He FJ, Pombo-Rodrigues S, Macgregor GA. Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. BMJ Open 2014; 4:e004549.
4. Knai, C., Petticrew, M., Durand, M.A., Eastmure, E., James, L., Mehrotra, A., Scott, C., Mays, N. (2015). Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. *Food Policy*, **54**, 1-10
5. WHO. Guideline: Sodium intake for adults and children. Geneva, World Health Organization (WHO), 2012.
6. Cogswell ME, Mugavero K, Bowman BA, Frieden TR. Dietary sodium and cardiovascular disease risk—measurement matters. N Engl J Med 2016;375:580–86.
7. NatCen Social Research, MRC Elsie Widdowson Laboratory, University College London. Medical School. (2018). *National Diet and Nutrition Survey Years 1-8, 2008/09-2015/16*. [data collection]. *9th Edition.* UK Data Service. SN: 6533
8. SACN and COT (2017). POTASSIUM-BASED SODIUM REPLACERS: ASSESSMENT OF THE HEALTH BENEFITS AND RISKS OF USING POTASSIUMBASED SODIUM REPLACERS IN FOODS IN THE UK A Joint Statement from the Scientific Advisory Committee on Nutrition and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/660526/SACN_COT_-_Potassium-based_sodium_replacers.pdf
9. *Evaluation of public awareness campaign*
10. Food Standards Agency (2010). Phase Four Campaign Overview.
11. Food Standards Agency Biannual Attitudes Tracker
12. Nutritional labelling to promote healthier consumption and purchasing of food or drinks. 2018. http://www.cochrane.org/CD009315/PUBHLTH_nutritional-labelling-promote-healthier-consumption-and-purchasing-food-or-drinks
13. New York City Department of Health and Mental Hygiene Sodium Initiatives. Available online: https://www1.nyc.gov/site/doh/health/health-topics/national-salt-reduction-initiative.page.
14. https://cspinet.org/news/philadelphia-city-council-passes-sodium-warning-chain-restaurant-menus-20180621 https://cspinet.org/news/philadelphia-city-council-passes-sodium-warning-chain-restaurant-menus-20180621