

SALT REDUCTION: RESTORING A PROVEN PUBLIC HEALTH PRIORITY



SUMMARY

This policy brief outlines a comprehensive strategy for restoring salt reduction to its rightful place as a public health priority in the UK.

High salt intake remains a major driver of preventable disease, contributing to cardiovascular disease (CVD), stroke and chronic kidney disease¹. Together, these outcomes place a substantial and growing burden on the NHS, undermine population health and exacerbate health inequalities. Despite earlier progress, average daily salt intake in the UK far exceeds the recommended limit².

The evidence is clear that effective, population-wide salt reduction policies can prevent large numbers of CVD events and strokes³, slow the progression of kidney disease, reduce avoidable NHS costs and deliver wider economic benefits – all without relying on individual behaviour change.

This brief outlines actionable government recommendations, lessons from previous successful public health interventions, and highlights the cross-government benefits of a renewed focus on salt reduction.

Salt reduction is one of the most effective, equitable and underused prevention policies available to government.

RECOMMENDATIONS

1

Publish the salt reduction targets progress review and set out next steps

Urgently release a comprehensive review of compliance, clearly identifying where targets have been met, missed or stalled. This should be accompanied by clear next steps, including revised targets, timeframes and accountability mechanisms to address under-performance.

2

Reintegrate salt reduction as a core pillar of food and obesity policy

Salt reduction should be explicitly embedded into wider food and obesity policy frameworks via:

- Mandatory, time-bound salt reduction targets
- Explicit inclusion of salt within the Healthy Food Standard, alongside mandatory reporting
- Consistent application of the 2018 Nutrient Profiling Model across all food policy, with no category-based exemptions for high salt foods.

3

Accelerate reformulation through fiscal and regulatory measures

Building on the success of the Soft Drinks Industry Levy (SDIL), the government should explore targeted fiscal measures to incentivise reformulation of high salt products, increase healthier options, and create a level playing field across industry.

4

Strengthen nutrition information across retail and out of home food

Where regulatory levers allow, this should include front-of-pack labelling for foods manufactured and sold within the UK, as well as extending clear and consistent nutrition labelling to the out-of-home (OOH) sector. Improved visibility of salt content would support informed choice and provide additional incentive for reformulation.

WHAT THE EVIDENCE SHOWS

- UK adults consume **40% more salt** than recommended².
- The majority of dietary salt derives from **shop-bought and OOH foods** – not from discretionary use at the table. As such, there is urgent need for government and industry intervention⁴.
- Previous UK voluntary salt reduction programmes successfully reduced intake, blood pressure and cardiovascular deaths, but progress has stalled⁵, and **no recent evaluation of industry progress has been reviewed since 2018**⁶.

Public awareness is at an abysmal low.

74%

of people could not accurately identify the recommended salt intake⁷ (6g per day)



1 in 3 UK adults

has high blood pressure⁸ – the leading modifiable risk factor for heart attack, stroke and chronic kidney disease.

Excess dietary salt raises blood pressure.

STRENGTHENING PREVENTION BEYOND OBESITY

Alongside core salt reduction measures, policymakers should consider the following factors, which underscore the importance of integrating salt reduction within wider food, prevention and equity-focused policy.

GLP-1 medications may be effective obesity treatments, but they do not mitigate hypertension and CVD risk. Effective prevention requires proactive food reformulation alongside treatment – not an over-reliance on costly pharmaceutical solutions.



Salt intake is higher among lower socioeconomic groups and children from more deprived backgrounds, contributing to higher risks of hypertension and CVD^{9,10}. Hypertension-linked CVD is also a key, under-recognised driver of maternal morbidity and mortality¹¹. Sustained population-wide salt reduction policies can reduce these inequalities, with the greatest improvements amongst the most disadvantaged groups.

IMPACT OF SALT REDUCTION

Recent UK-based modelling³ from Oxford University demonstrates that if the 2024 salt reduction targets had been met by food businesses:



Average population salt intake would have **fallen by 17.5%**



103,000 ischaemic heart disease and **25,000 strokes** would've been prevented over 20 years



£1 billion in NHS costs would have been avoided over the remaining lifetime of the population

All without requiring changes in individual dietary behaviour.

LESSONS FROM THE SOFT DRINKS INDUSTRY LEVY (SDIL)

The experience of the SDIL demonstrates that when the government sets clear expectations and consequences, rapid reformulation follows — a lesson directly applicable to salt.

Salt and sugar are both key drivers of diet-related disease, but while policies have strengthened sugar reformulation, **salt policy remains voluntary** and **significantly lacking in progress**.

In 2024, the Recipe for Change coalition called to **build on the success of the SDIL** and adopt stronger fiscal and regulatory incentives across the food industry.

Modelling suggests that expanding levies to high-salt and high-sugar products could **prevent up to 2 million cases of diet-related disease** and **deliver £77.9 billion in health and economic benefits** over 25 years¹².



CROSS-GOVERNMENT BENEFITS OF SALT REDUCTION

A renewed focus on salt reduction offers benefits that extend across multiple government portfolios:

- ✓ **Department of Health and Social Care:** Reduces the burden of CVD, stroke and chronic kidney disease by lowering population blood pressure, and easing pressure on the NHS. Addresses health inequalities by disproportionately benefiting lower socioeconomic groups who often have higher salt intake and poorer health.
- ✓ **HM Treasury:** Delivers long-term savings through reduced treatment costs for hypertension-related conditions, with potential for revenue generation through a public health levy, and increased economic productivity due to a healthier workforce.
- ✓ **Department for Business and Trade:** Drives food industry reformulation and innovation, supporting the development of healthier products and new market opportunities.
- ✓ **Department for Environment, Food & Rural Affairs:** Supports broader government objectives related to food security and healthy diets, aligning with environmental sustainability goals.

CONCLUSION

Salt reduction is a fundamental prevention tool, not a niche concern. Obesity policy addresses part of the problem, but cannot deliver comprehensive prevention alone.

Salt reduction is a proven, cost-effective, and high-impact public health intervention that warrants urgent re-prioritisation. The current high levels of salt consumption in the UK present a clear and present danger to cardiovascular health, leading to avoidable illness, premature death, and substantial economic costs.

By implementing ambitious targets, considering a public health levy, and fostering cross-governmental collaboration, the UK can reclaim its leadership in salt reduction.

Make salt reduction a priority, to prevent avoidable diseases and save lives.

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ABOUT ACTION ON SALT & SUGAR



Action on Salt & Sugar is a non-profit organisation, based at Queen Mary University of London, working to improve population health and food environments through impactful food and drink nutritional research. We inform policy, influence the food industry, raise awareness, and build advocacy for salt and sugar reformulation.

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