

Action on Salt
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Wednesday 27th April 2022

The Rt Hon Boris Johnson MP Prime Minister 10 Downing Street London SW1A 2AA

Dear Prime Minister,

We are writing to collectively urge you to prioritise a simple, cost-effective and hugely impactful health policy which will help to prevent one of the major causes of disability and death, i.e. strokes and heart disease, by lowering blood pressure through salt reduction.

Decades of very strong evidence tells us unequivocally that salt increases blood pressure. It is this rise in blood pressure that leads to thousands of unnecessary deaths from heart disease and stroke – the commonest cause of death in England (one death every four minutes). High salt intake also contributes to kidney disease, stomach cancer, osteoporosis, and obesity.

Everyone is at risk from the health effects of eating too much salt; indeed, salt reduction has the potential to reach the whole population, regardless of income, ethnicity or educational status. Most of our salt intake comes from the food we buy, with processed foods contributing to 75% of our daily salt intake. This cannot be removed by the individual, therefore putting responsibility on the public for their own individual salt reduction is doomed for failure when our food is full of it. It is the food industry who should and must be held accountable.

We can have both a thriving British food industry, and a healthy and resilient population. Gradual, unobtrusive improvements to processed food does not lead to loss of sales, as the public continue to buy their usual food and drinks whilst benefiting from the nutritionally improved products. In 2004, the Food Standards Agency achieved this by setting salt reduction targets across more than 80 categories of processed food for the food industry to work towards. This was a triumph: by 2011, population salt intake had fallen by 15%, accompanied by falls in average blood pressure and deaths from stroke and heart disease (9,000 deaths per year prevented and NICE calculated this led to a cost saving to the NHS of £1.5bn per year¹). The UK's model inspired many more countries to take action; to date, more than 50 countries have salt targets similar to the UK.

However, progress has stalled, and salt intake has not fallen since 2011. Responsibility for salt reduction has been transferred several times since then and now sits with the Office for Health Improvement and Disparities, where it has been merged with obesity prevention measures rather than being prioritised as the most cost-effective public health intervention to prevent stroke and heart disease². Salt reduction is much easier to achieve than obesity prevention and has an immediate and large impact and the small costs involved are borne by the food industry.

Earlier this year, evidence from South Africa - where unlike the UK they have mandatory salt targets - showed that in just five years, most products now comply with the targets. This achieved a large fall in

¹ National Institute of Health and Care Excellence (NICE). Cardiovascular disease prevention, 2010 https://www.nice.org.uk/guidance/ph25

² World Health Organization. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases, 2017 https://apps.who.int/iris/handle/10665/259232



population salt intake, with the biggest falls occurring in the most deprived groups³. What's even more impressive is that these mandatory targets have worked without government monitoring processes to check that food companies are complying.

Comprehensive and mandatory salt targets will ensure that all companies commit to salt reduction in the UK too and will ensure progress towards your mission to prevent stroke and heart disease, reduce disparities, and build a sustainable NHS.

We strongly urge you to make the right decision.

With all best wishes,

Graham MacGregor

Professor of Cardiovascular Medicine at Queen Mary University of London

Chairman of Action on Salt

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Signatories

Signatories were invited to sign the letter via Action on Salt's website. In addition to the health charities represented by the logos below, 236 health professionals and members of the public signed the letter.

















³ Strauss-Kruger, M., Wentzel-Viljoen, E., Ware, L.J. et al. Early evidence for the effectiveness of South Africa's legislation on salt restriction in foods: the African-PREDICT study. J Hum Hypertens (2022). https://doi.org/10.1038/s41371-021-00653-x



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