



## Salt

### Position Statement

### Implications for public health

**The implications for health of excessive salt intake (that is, more than the currently recommended levels) are well documented. Evidence shows a strong causal link between high salt intakes and hypertension (high blood pressure).<sup>1</sup> Hypertension is one of the most common disorders in the UK and is a powerful risk factor for coronary heart disease (the leading cause of premature death in the UK), and stroke (the third leading cause).<sup>2</sup> It can also cause congestive heart failure, chronic kidney disease, peripheral vascular disease (diseased arteries in the limbs) and retinal damage.**

It is the active component in salt – sodium – which can cause ill health.\* Salt is by far the biggest source of sodium in the diet. Most of the salt found in our diet (around 65-70%)<sup>3</sup> comes from processed foods such as bread, breakfast cereal, pizzas, soups, sauces and ready meals where it is used to add flavour, texture or as a preservative. Other sources of sodium include effervescent tablets, baking powder and monosodium glutamate.

Currently, the recommended maximum level of salt intake for those aged 11 years and above is 6g/day.<sup>1</sup> The recommended maximum is lower for children under 11 years (see Table 1). In the UK, the average adult consumes around 9g of salt a day – a major cause of public health concern.<sup>4</sup> Epidemiological evidence suggests that the optimal level for health could be as low as 3g/day for those aged 11 and over<sup>5</sup> – a worthwhile though challenging longer-term goal.

The Food Standards Agency, together with UK health departments and to some extent the food industry, are working to progressively reduce the average level of salt intake across the population to 6g/day for those aged 11 and over by 2010. It has been estimated that, if this level is achieved, it could lead to a 13% reduction in strokes and a 10% reduction in ischaemic heart disease in the UK (equating to approximately 20,000 fewer strokes and 11,000 fewer deaths from heart disease each year).<sup>5</sup>

Some sectors of the industry have claimed they are not able to meet the deadline of 2010 for reductions in salt added to processed foods. They allege that more time is needed to allow consumers to adapt to the change in taste. Some manufacturers also claim that it is not technically possible to reduce salt levels below a certain limit. However, this claim has not been verified by most independent experts.

### What needs to happen

There is widespread recognition that daily salt intake levels in the population need to be reduced. However, continued pressure is needed to ensure industry (and government) meet the target of an average 6g/day for those aged 11 and over by 2010. Organisations and individual health professionals should advocate and lobby for:

**Table 1**

**Daily target average salt intakes for infants and children<sup>1</sup>**

Age	g/day
0-6 months	<1g
7-12 months	1g
1-3 years	2g
4-6 years	3g
7-10 years	5g
11-14 years	6g

**\*Note:** Salt is just one of a range of risk factors for health and should be viewed in the context of overall dietary intake and other lifestyle factors including alcohol consumption, smoking, overweight and obesity, and levels of physical activity.

- the food manufacturing industry to meet original target levels of 6g/day by 2010. This could be achieved by government setting maximum annual salt reduction targets across all food product categories. Particular emphasis should be given to those foods outlined above which are the main sources of salt in the diet;
- increased awareness amongst the public of the need to reduce salt intake, including choosing the 'low salt' or 'no salt' options;
- adoption of the FSA's food labelling scheme by all food manufacturers and supermarkets, more clearly stating levels of salt;
- reduced salt in food provided in schools and by other social care providers;
- improved access to good quality, affordable, fresh fruit and vegetables. Fruit and vegetables are a good source of potassium which helps to lower blood pressure;
- continued promotion at local and regional level of the 5 A DAY message;
- a national Salt Awareness Week (see: [www.actiononsalt.org.uk](http://www.actiononsalt.org.uk)) – which could be built into local awareness-raising of hypertension as an important health issue;

- continued reductions across the population – ultimately to an average of 3g/day for those aged 11 and over to achieve the maximum possible health benefits. The Faculty will advocate further reductions to this level.

Lobbying can include any or all of the following:

- Bringing together local stakeholders and representatives to share expertise and resources;
- Writing letters to everyone on the above list and anyone else you can think is appropriate;
- Putting together a petition;
- Meeting with local food manufacturers, food buyers, caterers (for schools, hospitals, care homes etc) to discuss ways of reducing salt levels;
- Local information campaigns to raise public awareness.

### Who to lobby

**Key organisations and people to target include:**

Secretary of State for Health  
Minister for Public Health  
Your local MP  
Chief Medical Officer (and deputies)  
Secretary of State for Trade and Industry  
Secretary of State for the Environment,  
Food and Rural Affairs  
Secretary of State for Education and Skills  
Chief Executive of the Food Standard Agency  
Chief Executive of the Food and Drinks  
Federation  
Food manufacturers  
Local procurement managers  
(eg. NHS/local authorities)  
Salt Manufacturers' Association

## What is the Faculty doing about salt?

The Faculty is working in partnership with other organisations such as the National Heart Forum (NHF), Consensus Action on Salt and Health, the Blood Pressure Association and the Stroke Association, to raise awareness of the health implications of excessive salt intake. It has produced, jointly with the NHF, practical guidance for multi-agency, primary care teams on developing and implementing local strategies to tackle hypertension (*Easing the Pressure: Tackling Hypertension*) and on food poverty (*Nutrition and Food Poverty*). Both resources include practical information on salt reduction.

The Faculty has a longstanding Cardiovascular Health Working Group which brings together health experts in the field of cardiovascular health, health promotion and public health, to develop initiatives to promote healthy lifestyles, and prevent and manage coronary heart disease, stroke and related disorders.

It is also a supporter of the FSA's campaign to raise public awareness of the need to reduce levels of salt intake (see: <http://www.salt.gov.uk/index.shtml>).

## The role of the Faculty of Public Health

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement, service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

## References

1. Scientific Advisory Committee on Nutrition. 2003. *Salt and health*. London: Department of Health
2. Office for National Statistics. 2004. Mortality statistics. [www.statistics.gov.uk](http://www.statistics.gov.uk)
3. Maryon-Davis A, Press V. 2005. *Easing the pressure: tackling hypertension. A toolkit for developing a local strategy to tackle high blood pressure*. London: Faculty of Public Health
4. Henderson L, Gregory J, Swan G. 2002. *National Diet and Nutrition Survey: Adults Aged 19-64. Volume 1*. London: The Stationery Office.
5. He FJ, MacGregor GA. 2003. How far should salt intake be reduced? *Hypertension*. 42:1093-1099.

## Publications

**Easing the pressure: tackling hypertension**

**Nutrition and Food Poverty**

Both available from:  
[www.fph.org.uk](http://www.fph.org.uk)

**Why 6g? A summary of the scientific evidence for the salt intake target**

Available from:  
Medical Research Council:  
[www.mrc.ac.uk](http://www.mrc.ac.uk)



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