



Salt

Position Statement

Implications for public health

The implications for health of excessive salt intake (that is, more than the current UK recommended levels of 6g per day*) are well documented. Evidence shows a strong causal link between high salt intake and hypertension (high blood pressure).¹ Hypertension is one of the most common disorders in the UK and is a powerful risk factor for coronary heart disease and stroke (leading causes of premature death in the UK).² It can also cause dementia, 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%)³ 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 (MSG).

Currently, the recommended maximum level of salt intake for those aged 11 years and above is 6g/day.¹ The recommended maximum is lower for children under 11 years (see Table 1). In the UK, the average adult (19-64 years) consumes more than 8g of salt a day – a major cause of public health concern.⁴ Epidemiological evidence suggests that the optimal level for health could be as low as 3g a day for those aged 11 and over⁵ – a worthwhile though challenging longer-term goal.

In 2003/04, the Food Standards Agency (FSA), together with UK health departments and to some extent the food industry, started a national programme to progressively reduce the average level of salt intake across the population to 6g/day for those aged 11 and over. The programme was successful and resulted in a 15% reduction in population salt intake (1.4g per day) in 2011, with 33% of people in England aged 19-64 consuming 6g or less in 2014. The programme was associated with an estimated 13% reduction in strokes and a 10% reduction in coronary heart disease in the UK (equating to approximately 20,000 fewer strokes and 11,000 fewer deaths from heart disease each year).⁴

In 2011, the Government launched the Responsibility Deal, moving the responsibility for nutrition from the FSA to the Department of Health, with direct representation of industry in policy decisions.⁶ Some sectors of the industry claimed they were not able to meet the deadline for reductions in salt added to processed foods. They alleged that more time is needed to allow consumers to adapt to the change in taste. Some manufacturers also claimed that it is not technically possible to reduce sodium levels below a certain limit. However, these claims have been challenged by most independent experts.³ Nevertheless, the national salt reduction programme lost momentum.⁷

What needs to happen

There is widespread recognition that daily salt intake levels in the population need to be reduced. Whilst the average population consumption decreased significantly until 2011 in the UK, socio-economic inequalities in salt consumption have not sufficiently narrowed over the same period.⁸ This gap contributes to inequalities in cardiovascular health. Continued pressure is also needed to ensure industry (and government) meet the target of an average 6g per day for those aged 11 and over.

Table 1

Daily target average salt intakes for infants and children¹

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 (sodium chloride) 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. 6g of salt are approximately one teaspoonful.*

A variety of policy options are available to strengthen the effectiveness of the programme.⁹ Upstream initiatives are preferred to overemphasis on individual behavioural changes. Organisations and individual health professionals should advocate and lobby for:

- the food manufacturing industry to meet original target levels of 6g per day. 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 added to food and in cooking by manufactures, food providers and consumers, including choosing lower 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 public sector bodies including social care providers, hospitals, colleges, universities, local councils;

Who to lobby

Key organisations and people to target include:

Secretary of State for Health
Minister for Public Health
Your local MP
Chief Medical Officers (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

- 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) – 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 per day for those aged 11 and over to achieve the maximum possible health benefits. The Faculty will advocate further reductions to this level.

Advocacy 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.

What is the Faculty doing about salt?

The Faculty is working in partnership with other organisations such as the UK Health Forum (UKHF), formerly 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 previously produced, jointly with the NHF, practical guidance for multi-agency, primary care teams on developing and implementing local strategies to tackle hypertension and food poverty (*Nutrition and Food Poverty*). These resources have included practical information on salt reduction.

The Faculty has a Health Improvement Committee 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 work by CASH and Public Health England to reduce levels of salt intake (see: <http://www.nhs.uk/Livewell/Goodfood/Pages/salt.aspx>).

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.

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Publications

Easing the pressure: tackling hypertension

Nutrition and Food Poverty

Both available from: 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



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