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The **business address** of the Salt Skip Program is Queensland Hypertension Association
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Use the **academic address** when writing about **salt control**—see the panel on page 4.

The future of *Salt Skip News*

NoSal Inc and NoSal News

It all began in Canberra in 1983. We were holding a large-scale trial of a salt intake that would be low enough to help people to 'maintain or regain a normal blood pressure', and held weekly meetings with plenary sessions that broke up into small-group discussions

One group wanted to form a No Salt organization or self-help group. *NoSal* was born, and so named by the founding membership.

Everybody at the first *NoSal* meeting knew of an earlier suggestion to call ourselves *salt skippers*, but voted for *NoSal* as the name in preference to *Salt Skip*. *NoSal* was autonomous and highly independent, and became *NoSal Inc* after incorporation in the ACT.

The *NoSal* founder and President was a school-teacher and born administrator, Elisabeth Marchant, who delegated jobs to everybody, and wrote issues 1 to 35 of the newsletter *NoSal News* with help from members, and no input from Trevor Beard.

NoSal News talked about low salt shopping and cooking, on which the whole *NoSal* membership was already becoming knowledgeable and articulate.

Salt Skip News

In 1987 Elisabeth Marchant resigned as President of *NoSal* for personal career reasons, and Trevor Beard left Canberra for Hobart in the same year. Trevor agreed to take over as President when this became the only alternative to letting *NoSal* disband.

He joined the Menzies Centre for Population Health Research in Hobart as the new President of *NoSal* without any local members.

The health writer of The Hobart Mercury wrote an article that attracted an audience of over 500 to a public meeting. After watching a slide lecture on the new and simple way to control your salt intake, the audience elected a Hobart *NoSal* committee.

On the recommendation of the new committee the whole *NoSal* membership voted to change the name to *Salt Skip* in a postal referendum (*Salt Skip Inc* after incorporation in Tasmania).

So for two decades *Salt Skip News* has had a medical author and an Editorial Committee consisting of dietitians and a hypertension medical specialist.

But this is about to change. Trevor Beard retires permanently as medical author after No 150 (December 2007), and we don't have a replacement.

The question is whether to wind up *Salt Skip News* or revert to the shopping and cooking content that made *NoSal News* popular—and helpful—to readers of a bygone era.

Is a newsletter still relevant?

Printed matter may be on its way out, but there is a rumour that Google takes more notice of websites with regular electronic newsletters.

QHA and SMANZ need a decision on the future of *Salt Skip News* before December.

WHO has published a new Global Strategy on SALT

With Paul Jones – Dietitian/Nutritionist – Warwick Health Services, Queensland

The World Health Organisation has been aware for decades of the strong evidence of a link between excessive salt intake and many chronic diseases—especially hypertension and all its serious complications—but this new report has global implications that go further than previous reports.

It follows a meeting in France as part of the WHO's Global Strategy on Diet, Physical Activity and Health [1].

Action is now urgent

This meeting fully endorsed the massive international scientific consensus on salt and health, but went further—it also agreed that interventions to reduce salt intake were cost effective, and that programs to reduce salt intake should be implemented urgently worldwide.

The meeting adhered to the existing WHO target of 85 mmol (5g of salt or about 2000mg of sodium) per day as the suggested population target.

Note that this target for the whole world is lower than the 2300 mg currently listed on Australian food labels using the percent daily value labelling.

An alternative to iodised salt

The report fully acknowledged the need for a dietary iodine supplement to ensure normal brain development in areas with regional iodine deficiency, but this report treated the vexed question of an alternative to iodised salt as a separate issue for WHO to examine in depth with appropriate expert advice.

This report said simply (but clearly) that 'a comprehensive strategy that effectively encompasses both public health problems (iodine deficiency and reducing salt) must be developed'.

Compulsory food labelling

A submission from the Center for

Science in the Public Interest in the United States pointed out that compulsory food labelling listing sodium was followed by an *increase* in sodium content, and a *decrease* in the number of new low-salt foods reaching the market annually.

Thus the food industry will have to do more than just list the sodium content on food labels.

WHO's main policy areas

The report named three main areas:

1. Food production – new products with no added salt or a low salt content;
2. Clearer food labelling, with special mention of the UK Traffic Light system, 'shown to be effective in the United Kingdom' and 'offers much potential for other countries' [2]. Simple identification of low salt foods is essential, whatever the method. Caterers and restaurants also need to reduce the salt content of food;
3. Health promotion and consumer education.

Innovations in Australia include the formation of AWASH and its Drop the Salt campaign—reported in the last issue of Salt Skip News (No 147, June 2007)—and the birth of SMANZ (Salt Matters of Australia and New Zealand).

Submission to FSANZ

Soon after its formation, SMANZ sent a submission to FSANZ (Food Standards Australia New Zealand) about the need for another vehicle for an iodine supplement that would eventually replace iodised salt. Now that bread flour is about to be fortified with metered doses of folic acid, there is an opportunity to use a premix of folic acid and iodine (commercially available already as a tablet).

References on page 4

Does amber really mean OK or CAUTION?

We ask this question because 'Choice' uses traffic lights in its new free website to help parents to bring up their children on healthier food.

(see www.choicefoodforkids.com.au).

We are keen to support 'Choice' in this excellent initiative—and to avoid confusing the public with different advice—but surely green lights are OK, so in that case what does amber mean?



'Choice' says it means 'OK', but the UK allows sodium up to 600 mg/100g for an amber light. Is that OK for kids?

'Choice' made a good start, avoiding confusion by conforming with the UK criteria for the boundaries, apart from a marginal rounding of sodium from 590 to 600 mg/100g for the upper boundary between amber and red for salt.

Peter Chamberlain also uses 600 mg/100g in the Traffic Light Demo he installed on two websites—his own and Trevor Beard's:

- www.findlowsaltfood.info
- www.saltmatters.org

Amber has a rubbery upper boundary

A panel of nutrition experts sets the UK boundaries and keeps them under review. But the upper boundary (from amber to red) is **political** as well as nutritional—the food industry lobby can bend it—and salt provides a glaring example.

At first the UK Food Standards Agency (FSA) set fairly lenient upper boundaries, with salt at 1.25% (sodium 500 mg/100g), but now *the boundaries are stricter for fats and sugar, but are even more lenient for salt at 1.5% (sodium about 600 mg/100g)*.

In reply to a vigorous protest from CASH (Consensus Action on Salt and

Health) the FSA explained that *this even greater latitude was a temporary response to requests from food companies*.

400 mg/100g would be OK for sodium

When FSA revised the upper boundaries for amber they left saturated fat unchanged at 5% (fairly strict) but cut TOTAL FAT by 25% from 20 to 15 g/100g, and cut SUGAR by 33% from 22.5 to 15 g/100g.

Matching cuts with sodium (500 mg) would have made it either 375 mg or 333 mg/100g). A 20% cut to 400 mg/100g might well have been expected.

Leaving sodium unchanged would have been a lost opportunity. **Raising** it to 600 mg/100g is indefensible on health grounds and, if amber is OK, it literally forces 'Choice' to give 600 mg/100g to the parents of Australian children **as a health recommendation**.

400 mg/100g is a natural boundary

Above a sodium content of 400 mg/100g a meal contains enough salt to create thirst. The technical name for such a high concentration of salt is *hypertonic*.

It is artificial—no natural solid or liquid food (apart from a handful of invertebrate seafoods) will make anybody thirsty if they swallow it without added salt.

Look at a few other facts

- Added salt is illegal in baby foods if sold for infants under 12 months.
- Cereal biscuits with sodium 240 mg/100g give adult chimpanzees hypertension [3].
- The FSA's temporary concession to the UK food industry means 'Choice' gives Tip-Top Sunblest bread (sodium 450 mg/100g) an amber light (OK) for kids.
- Yet even adults don't get the Heart Foundation 'Tick' (OK) for bread if sodium exceeds 400 mg/100g.
- Sanitarium makes *Weet-Bix for Kids* (sodium 110 mg/100g) as an alternative to Weet-Bix (290 mg/100g)—a waste of time if 600 mg/100g is really OK for kids.
- The WHO report on controlling salt intake wants to give adults better access to no-added-salt foods and foods with the 'lowest salt content possible' [2]—and these are green light foods, not amber.

See page 4 for a chance to vote on this.

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Salt Skip News will
continue to be distributed
in hard copy in The BP
Monitor (QHA newsletter)

Invitation to vote (see page 3)

Read page 3 before sending your vote (deadline close of business Friday 31 August 2007) by phone, FAX, email or ordinary mail, using the addresses in the box at left.

QUESTION 1

What should the traffic light colours mean in Australia?

Vote 1.1 or 1.2

1.1 The dietary guidelines call for MODERATION with 4 nutrients (fat, saturated fat sugar and salt) and the colours indicate the amounts of each nutrient shown in the Nutrition Information Panel:

RED = STOP (too much of the named nutrient to prevent illness)
AMBER = CAUTION (still high enough to require MODERATION)
GREEN = GO (low enough to eat freely)

1.2—the traffic light colours mean:

RED = a lot
AMBER = OK
GREEN = a little

QUESTION 2

Where should Australia place the upper boundary for salt?

Vote 2A, 2B or 2C

UK 2005	FAT	20g/100g
	SUGAR	22.5g/100g
	SALT	sodium 500 mg/100g
UK 2006	FAT	15g/100g (25% less)
	SUGAR	15 g/100g (33% less)
	SALT	sodium 600 mg/100g (20% more)

WHAT IS YOUR VOTE FOR AUSTRALIA?

2A	SALT	sodium 600 mg/100g
2B		500 mg/100g
2C		400 mg/100g

References from pages 2 and 3

1. World Health Organization. Reducing salt intake in populations: report of a WHO forum and technical meeting, 5–7 October 2006, Paris, France. Geneva: WHO Press; 2007.
2. World Health Organization. Reducing salt intake in populations: report of a WHO forum and technical meeting, 5–7 October 2006, Paris, France. Geneva: WHO Press; 2007:47.
3. Denton D, Weisinger R, Mundy NI, Wickings EJ, Dixson A, Moisson P, et al. The effect of increased salt intake on blood pressure of chimpanzees. *Nature Medicine* 1995;1:1009–16.

BP Monitor with Salt Skip News is published every 2 months, from February to December (6 issues a year).

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