

Published in the public interest on the web at www.saltmatters.org

The **business address** of the Salt Skip Program is Queensland Hypertension Association
PO Box 193, Holland Park, QLD 4121, phone (07) 3899 1659, FAX (07) 3394 7815.
Use the **academic address** when writing about **salt control**—see the panel on page 4.

The battle over food labels

By Dr Trevor Beard, Menzies Research Institute, Hobart

The Australian government is expected to make a major decision on food labels. In this issue Jennifer Keogh has invited me to spell out what is at stake

A short history of food labels

1. **The Nutrition Information Panel** was made mandatory in Australia in 2003.

	Quantity per serving	Quantity per 100g
Energy	608kJ	405kJ
Protein	4.2g	2.8g
Fat, total	7.4g	4.9g
- saturated	4.5g	3.0g
Carbohydrate, total	18.6g	12.4g
- sugars	18.6g	12.4g
Sodium	90mg	60mg

Every processed food has to show how much energy, protein, fat, saturated fat, carbohydrate, sugar and sodium it contains per serving and per 100 grams.

With this label patients with the severe vertigo of Meniere's disorder usually get dramatic relief by simply removing the main trigger for vertigo (excess salt) [1]. They just look for sodium in the 100g column—low salt foods (by law) have no more than 120mg of sodium per 100g.

But less-motivated patients find these labels neither self-explanatory nor user-friendly. The Heart Foundation now wants 3.7 million patients with hypertension to choose low salt foods—impossible without simpler labels.

2. **Traffic light food labels.** These labels (invented in Britain) show a red, amber or green light when a food is high, medium or low in fat, saturated fat, sugar or salt. Doctors can simply tell patients with salt related health problems, "Choose

any **FRESH FOOD** that has not had salt added, and don't touch **PROCESSED FOODS unless they have green lights for salt**".

3. GDAs and %DIs

Traffic lights gave the food industry a terrible fright. Some breakfast cereals heavily advertised as "healthy" would get red lights for sugar or salt.

Worse still was the threat that advertising to children in prime time TV could be prohibited for foods with red traffic lights.

The UK food industry rapidly invented a new label without any warning colour coding.

A row of eight percentages shows the contribution one serving makes to the "Guideline Daily Amount" (GDA) for a whole day. Shoppers judge if each figure is high, medium or low.

Australian companies imported it as the Percentage Daily Intake (%DI), and the Australian Food & Grocery Council wants all member companies to make it the industry standard.

The government's vote

The government will keep the Nutrition Information Panel (needed by health professionals) and will give shoppers a simple "Front-of-Pack" label—either traffic lights or the alternative that the food industry has invented.

Heart Foundation needs traffic lights

3.7 million Australians have hypertension, and the *Heart Foundation Guide to management of hypertension (2008)* wants their doctors to give radically new advice on salt before prescribing drugs—“choose low-salt and reduced-salt foods as part of a healthy eating pattern” [2].

The Heart Foundation’s biggest problem is that neither doctors nor patients have any idea how to identify low salt foods, and it is essential to find something simpler than the Nutrition Information Panel. Traffic lights would be the perfect answer.

Foods low in fat as well as low in salt

The Heart Foundation based its advice on a study that supplied all the food and showed convincingly that heavy reliance on low fat and low salt foods would *completely remove the need for a lot of the drugs now prescribed for hypertension* [3].

The Heart Foundation Guide to management of hypertension (2008) concentrates on salt, which is wise for two reasons:

- patients with hypertension should already be choosing low fat foods (fat is a risk factor for heart disease);
- salt is so important for hypertension—and so neglected until now—that it urgently needs special attention and a sharp focus.

Why traffic lights make sense

It is only the world’s industrial societies that manufacture harmful foods causing massive epidemics of preventable diseases like obesity, type 2 diabetes, hypertension, heart disease, and stroke [4, 5].

There are isolated tribal societies that have no food industries and no salt. They remain free from the “diseases of civilisation” and keep the blood pressure of a fit teenager (100/60) throughout life [6].

They don’t need traffic lights unless they are unlucky enough to get access to the processed foods that we eat, which often contain artificial amounts of excess fat, saturated fat, sugar and salt. These artificial excesses are simply not found in natural foods—the fruit, vegetables, meat, poultry, eggs, fish and nuts—that grow in the wild. Farmed animals may be very fatty, and food processing nearly always adds excess sugar and/or salt.

The British experiment with traffic light labels tells people clearly what they are buying.

It is human nature to ignore red lights on some of your favourite foods. Few people take the slightest interest in prevention—they wait until they get sick and then demand treatment. They will learn something if the doctor now prescribes foods with traffic lights that make them well and keep them well.

The next great step with traffic lights

Prescribing better food with traffic lights takes medical treatment into the 21st century. Doctors can prescribe better food *before they prescribe drugs*—precisely what the Heart Foundation is already asking them to do.

Until now doctors have only had the infrastructure for prescribing drugs. With traffic lights they can prescribe better food and the shops can dispense it.

The doctor’s prescription for better food for hypertension will then be:

- choose any **FRESH** food and stick as far as possible to **PROCESSED** foods that have green lights for fat and salt;
- don’t be silly—don’t touch processed foods that have red lights for fat or salt. Red lights mean they are a health hazard.

What to do about amber lights

Doctors prescribing low salt foods to prevent the severe vertigo of Meniere’s disorder will need to point out very clearly that food with an amber light could cause an acute attack of vertigo. Meniere’s disorder needs salt intakes below 3 grams/day (24-hour sodium excretion below 50 mmol) [1].

For managing hypertension the Heart Foundation recommends salt at 4 grams/day (24-hour sodium excretion up to 65 mmol). This slightly more liberal margin leaves room for only a few foods with amber lights, and the Heart Foundation recommends regular monitoring of 24-hour sodium excretion [7].

Devastating shock to the food industry

The food industry is accustomed to getting its own way in political decision-making. It nearly always wins every conflict between healthy profits and healthy people, right up to the level of the World Health Organisation [8]. It manipulates government food policy with well-paid political lobbying. Methods of persuasion have included making or withholding large donations to political parties [9], and it can coerce politicians cheaply by threatening to move factories off-shore to places where wages are lower.

In Britain an industry with this comfortable command of world food politics was confronted overnight with the discovery that some breakfast cereals advertised as “healthy” would have red lights for salt and/or sugar, moreover foods with red lights might no longer have access to prime time TV for advertising to children.

The traffic light battle in the UK

The British newspaper *The Guardian* reported in 2006 [10] that the UK food industry had given reporters a first glimpse of a campaign for 21 food companies to ignore the British government’s voluntary traffic light labels and instead promote a rival industry food labelling scheme.

The stakes for the food industry could not be higher, said *The Guardian*. The British and Irish are the biggest eaters of puffed, flaked, flavoured, shaped, sugared, salted and extruded cereals in the world. *The Guardian* reported that the British munch an average 6.7kg of the dehydrated stuff per person per annum, and the Irish 8.4kg.

The British breakfast habit is the child of advertising. The market for the cereal boxes that find their way into more than 90% of UK households has been created and maintained by advertising that has made health claims since the early 20th century.

Red traffic light labels might make a few people start questioning these health claims. Without continual advertising to promote them, the public might forget that they need processed breakfast cereals and revert to porridge or bread instead.

According to *The Guardian*, officials from the British government’s Food Standards Agency (FSA) wanted to explain their traffic light food label proposals to Whitehall, the government and opposition, and they attended political party conferences to do this.

They told reporters that they found “the food industry nearly always seemed to have been a few hours ahead of us, lobbying for GDAs (the industry’s alternative to traffic lights).

“They muddied the waters for us. Front-bench spokespeople told us they’d never experienced anything like it in terms of lobbying,” said one senior insider.

According to *The Guardian* the FSA has little doubt that *the concerted attempt by industry to derail its traffic light labelling by actively*

promoting its own rival scheme “marks the beginning of a new phase in the long battle to improve the UK diet”.

A few facts and comments

The sodium content of the saltiest brand of corn flakes (720 mg/100g) is six times too high for Heart Foundation prescribing (sodium must not exceed 120 mg/100g in low salt foods).

But in July 2009 two British supermarkets had home brand corn flakes with less than half as much (Waitrose had 290 mg/100g and Sainsbury also had 290 mg/100g, with an amber light for salt). Australian Freedom Foods corn flakes are already low-salt (77 mg/100g) with excellent flavour, and already eligible for a green light for salt.

We can only prevent our mass epidemics of preventable disease by drastic reduction of the huge artificial excess of nutrients in processed foods—an assignment that could occupy the food industry for many decades.

Instead of reformulating its products to avoid red lights, the food industry wants Front-of-Pack labels to tell shoppers one single serve of one brand of corn flakes supplies 9% of the “Daily Intake” of sodium and leave them to guess what that means.

Shoppers need a red light to tell them it means far too much salt, and the Heart Foundation needs traffic lights so that doctors can prescribe low salt foods and tell their patients “they have green lights for salt”.

Health professionals can spot “red light foods” at a glance with the Nutrition Information Panel, but the food industry is pushing its own Front-of-Pack label, which literally *prevents* shoppers from spotting anything at a glance.

(References on page 4)

The Danish protest

SALT SKIP NEWS

No 160

August 2009

Page 4 of 4

Salt Skip Program
academic address:
GPO Private Bag 23,
Hobart, TAS 7001
Australia

PHONE:

61-3-6226-7708

FAX:

61-3-6226-7704

email

saltmatters@utas.edu.au

We are on the Web at
www.saltmatters.org

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

The British government's traffic lights remain voluntary and only the EU can make them mandatory. Earlier this year the European Union was expected to vote on mandatory food labels, and was—predictably—widely expected to vote in favour of the European food industry's Guideline Daily Amounts (GDAs) invented by the UK food industry.

A last-minute protest on a Danish website launched such a vigorous attack on GDAs that the EU decided to postpone the vote until after the re-election of the EU parliament on 4 June. The Danish website is well worth a visit at <http://stopgda.eu/>

Also click [Traffic Lights](#) in www.saltmatters.org

The vote on food labels is apparently not very high on the agenda now. At some point the EU is expected to make a standard Nutrition Information Panel mandatory, but it is quite possible that the decision on Front-of-Pack labels will be left to each member state of the EU. Britain would be likely to select traffic lights despite the food industry lobby and much of Scandinavia may vote for Swedish Keyhole food labels.

Exercise your democratic rights

Readers can download and print as many copies as they like of this issue of Salt Skip News and visit their federal MP with a copy. If possible take several like-minded friends with you so that the member is visited by a small delegation from the constituency.

Convey a sense of outrage that any Australian politician might for one moment consider voting for a food label that the food industry invented in its own self-interest as a substitute for traffic lights that would be such a boon to shoppers wanting a quick and easy guide.

The Australia 2020 Summit strongly supported traffic lights and you should make it abundantly clear that you want them too, for all the reasons given in this issue of Salt Skip News.

References

1. Beard TC. The dietary guideline with great therapeutic potential. *Australian Journal of Primary Health*. 2008; 14(3):120–31 (click [Precise Guideline to Control Salt](#) in www.saltmatters.org, accessed 5 February 2009).
2. National Heart Foundation of Australia (National Blood Pressure and Vascular Disease Advisory Committee). *Guide to management of hypertension 2008. Quick reference guide for health professionals*. 2008.
3. Sacks FM, Svetkey LP, Vollmer WM, Appel LJ, Bray GA, Harsha D, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. *NEJM*. 2001;344:3–10.
4. Trowell HC, Burkitt DP. (editors): *Western diseases: their emergence and prevention*. London: Edward Arnold; 1981.
5. Cordain L, Eaton SB, Sebastian A, Mann N, Lindeberg S, Watkins BA, et al. Origins and evolution of the Western diet: health implications for the 21st century. *American Journal of Clinical Nutrition*. 2005;81:341–54.
6. Tobian L. Dietary salt (sodium) and hypertension. *American Journal of Clinical Nutrition*. 1979;32(Suppl):2659–62.
7. National Heart Foundation of Australia. *Salt and hypertension (professional paper)*; May 2007.
8. Nestlé M. *Food politics: how the food industry influences nutrition and health*. Berkeley, California: University of California Press; 2002.
9. Godlee F. The food industry fights for salt. *BMJ*. 1996;312:1239–40.
10. Lawrence F. Why Kellogg's saw red over labelling scheme. *Guardian Newspaper*. 2006;Thursday 28 December.

BP Monitor with Salt Skip News is published every 2 months, from February to December (6 issues a year).
Salt Skip Editorial Committee: Prof Michael Stowasser (Director, Hypertension Unit, University of Qld School of Medicine, Princess Alexandra Hospital, Brisbane), Sister Dianne Robson (Hypertension Nurse, Hypertension Unit, Greenslopes Private Hospital, Brisbane), Prof Caryl Nowson (Nutrition & Ageing, Deakin University, Melbourne), Clare Rawcliffe (Cardiology Dietitian, St Vincent's Hospital, Sydney), Dr Malcolm Riley (Nutrition manager, Dairy Australia), Jane Brown (Home Economist, Salt Skip Program, Hobart) and Dr Trevor Beard (Honorary Research Fellow, Menzies Research Institute, Hobart). Text drafted (edited where other authors are named) by Dr Jennifer Keogh PhD, Research Scientist, CSIRO Human Nutrition, Adelaide. Printed by Snap Printing, Edward Street, Brisbane.