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Review of Food Labelling

The Council of Australian Governments (COAG) commissioned an independent and comprehensive review of food labelling law and policy. 'Food labelling' was defined to include information, representations and claims about food that are, or could be, regulated under the Australia and New Zealand Food Standards Code or consumer protection laws. One of the 'matters for review' was to make recommendations to improve food labelling law and policy.

The review was announced in October 2009 and reported in January 2011. In response to an initial call for submissions, more than 6,000 submissions were received - indicating the intense interest in the subject.

The review committee was chaired by Neal Blewett who was Federal Minister for Health in the Hawke government. Other committee expertise included marketing and communications, consumer research, public health law and policy and public health nutrition.

61 Recommendations

A total of 61 recommendations were made, many of which will be of interest to readers of Salt Skip News.

The full report can be found on the internet at:

<http://www.foodlabellingreview.gov.au/>

A definition of Public Health

Recommendation 1 is that the Food Standards Act be amended to include a definition of Public Health – the suggestion is 'Public Health is the organised response by society to protect and promote health, and to prevent illness, injury and disability'. This is clearly a very good place to start, since it is recognised that food labelling has some role in

maintaining public health.

A hierarchy of concerns

Recommendation 2 is complicated, but asserts that food labelling policy should be guided by a hierarchy of issues – these being food safety, preventative health, new technologies and consumer values. The highest level issues (related to food safety) should be mainly governed by laws, while issues lower down the hierarchy should be increasingly co-regulated (governments and industry) and self-regulated (industry regulated).

Clear and comprehensible

Recommendation 5 is that information on food labels be presented in a clear and comprehensible manner to enhance understanding across all levels of the population.

Nutrition Policy

The 9th recommendation is that a comprehensive Nutrition Policy be developed that includes a framework for the roles of the food label.

Review of Food Labelling (cont)

It is suggested that the Nutrition Policy be developed as a priority and covers areas such as the provision of food safety and nutrition information, the encouragement of healthy foods within the food supply, the setting of nutrient criteria and dietary guidance, the facilitation of social and other research to understand food selection and eating behaviour, and the monitoring of dietary practices.

The Nutrition Policy could then be used as a framework for developing food labelling standards (as recommended in recommendation 11).

Food labelling about salt

Recommendation 16 is that social research be undertaken to determine effective mechanisms to present sodium/salt information on food labels to facilitate consumers' understanding and use of this information. While many people know they should consume less salt, the information provided on a food label that relates to salt can be very confusing. It has been suggested in past issues of Salt Skip News that we all aim for food with no more than 120mg of sodium (Na) /100g food – this is the Food Standards definition of a low salt food. However it can reasonably be supposed that readers of the Salt Skip News have more than a passing interest in dietary salt.

Traffic Light Food Labels

Recommendations 50-53 refer to an issue that has been discussed many times in Salt Skip News.

The recommendations are:

- That an interpretative front-of-pack labelling system be developed that is reflective of a comprehensive Nutrition Policy and agreed public health priorities.
- That a multiple traffic lights front-of-

pack labelling system be introduced. Such a system to be voluntary in the first instance, except where general or high level health claims are made or equivalent endorsements/trade names/marks appear on the label, in which case it should be mandatory.

- That government advice and support be provided to producers adopting the multiple traffic lights system and that its introduction be accompanied by comprehensive consumer education to explain and support the system.
- That ongoing monitoring and evaluation of the multiple traffic lights system be undertaken to assess industry compliance and the effectiveness of the system in improving the food supply and influencing consumers' food choices.

There is a further recommendation that a multiple traffic light system also be adopted by chain food service outlets, and be exempted from alcoholic drinks.

The linkage of the traffic light system with a comprehensive Nutrition Policy is a strong suggestion that at least one of the front-of-pack indicators would be salt or sodium.

Government Response

The government response to the recommendations is expected by December 2011 – they have stated they will be guiding by the following principles:

- consumers are entitled to have the best possible information;
- the information should help consumers to make healthy food choices; and
- an innovative, vibrant and sustainable food industry in Australia that actively supports the government's health agenda is supported.

Well done to the Review Committee! The recommendations seem to dovetail with the government guiding principles so we expect to see a traffic light system soon.

From the Journals

Do dogs consume too much salt?

The majority of dogs in industrialised countries are fed with pre-prepared pet foods – therefore dogs might have a similar problem to humans – too much sodium in manufactured food. This review concludes that dogs are less sensitive to salt as a flavour than humans, and in general salt is not added to dog foods in order to improve flavour. Moist dog foods have a higher salt and sodium content than dried foods, but this is due to the nature of the ingredients added. In general, healthy dogs appear to have a good tolerance to fluctuations in sodium intake, and significant amounts of sodium must be consumed to cause an overdose. Studies into the relationship between the salt content of dog food and the incidence of heart disease symptoms in dogs have not proved conclusive. No proven links have been established between dietary sodium intake and risk of developing urinary calculi or renal disease.

Watson T. Dietary intake of salt and sodium: do dogs consume too much? *KristallatPraxis* 2010;11:120-3.

Salt intake and knowledge of a group of healthy Australian women.

This study was conducted on 76 women aged 20 to 55 years and living in Wollongong, NSW. They were a convenience sample (selected because of their interest in being in the study and convenience for the investigators). The mean sodium intake of the group (measured from urine samples) was equivalent to a salt intake of 6.4g per day. The dietary sodium came from breads and cereals (27%), dressings and sauces (20%), meat and egg based dishes (18%), snacks/desserts and extras (11%) and milk and dairy products (11%). Half of the women reported that they used salt in cooking or at the table. These women were reported to have a high awareness of salt-related health issues and a good knowledge of food sources of sodium.

Charlton K, Yeatman H, Houweling F, Guenon S. Urinary sodium excretion, dietary sources of sodium intake and knowledge and practices around salt use in a group of healthy Australian women. *ANZ J Public Health* 2010;34:356-63

Effect of salt reduction on cardiovascular disease.

For the United States, reducing dietary salt intake by 3 g per day is projected to reduce the annual number of new cases of coronary heart disease by between 60,000 and 120,000; stroke by 32,000 to 66,000 and heart attack by 54,000 to 99,000. It is projected to reduce the annual number of deaths from any cause by 44,000 to 92,000. The cardiovascular benefits of reduced salt intake are comparable to population-wide reductions in tobacco use, obesity and cholesterol levels. A regulatory intervention designed to achieve a reduction in salt intake of 3 g a day would save \$10 billion to \$24 billion in health care costs annually. The intervention would be cost saving even if only a reduction of 1g per day were achieved over a 10 years period, and would be more cost effective than using medications to lower blood pressure in all persons with hypertension. Conclusions: modest reductions in dietary salt could substantially reduce cardiovascular events and medical costs and should be a public health target.

Bibbins-Domingo K, Chertow GM, Coxson PG, Moran A, Lightwood JM, Pletcher MJ, Goldman L. Projected effect of dietary salt reductions on future cardiovascular disease. *New England J Medicine* 2010;362:590-99

Pick the Tick or Choose Low Salt Foods?

In this study, 49 healthy adults living in Adelaide received short and simple dietary education either to choose foods using the Heart Foundation Tick symbol, or to use the sodium content from the nutrition information panel (less than 120mg/100g). After 8 weeks, 43 people completed the study and each group lowered their sodium intake by a similar amount (to about 6 grams of salt a day). The reported barriers to lower dietary salt intake were limited variety of foods and less food choice, difficulty when eating out, and the increased time required for food selection. The feasibility of lowering dietary salt by following simple advice was demonstrated.

Ireland DM, Clifton PM, Keogh JB. Achieving the salt target of 6g/day in the current food supply in free-living adults using two dietary education strategies. *J Am Diet Assoc* 2010;110:763-767.

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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)

From the Journals

Use of salt in cooking and at the table in Australia

Information was collected from 474 people at shopping centres in metropolitan Melbourne. The sample was mostly female (65%), mostly Caucasian (77%) and mostly held a university qualification (64%). 11% were classified as non-salt users. Of the salt users, 52% reported that they sometimes or always add salt during cooking and at the table. Salt users were more likely to be in the 18-24 year age group, and more likely to be of Asian descent.

The authors conclude that population dietary salt reduction requires consumer advice to reduce salt use in cooking and at the table in addition to lowering the salt content of manufactured foods.

Grimes CA, Riddell LJ, Nowson CA. The use of table and cooking salt in a sample of Australian adults. *Asia Pac J Clin Nutr* 2010;19:256-260.

Cost-effectiveness of reducing dietary salt intake

Mandatory and voluntary reduction of the salt content of manufactured food is found to be cost saving, while dietary advice targeting individuals at increased risk of cardiovascular disease is not found to be cost-effective even if targeted at those with the highest blood pressure only. The population health benefits could be 20 times greater with government legislation to moderate salt content of manufactured food than relying on voluntary reduction. The authors conclusions are that programmes to encourage the food industry to reduce salt in processed foods are highly recommended for improving population health and reducing health sector spending in the long term, but regulatory action from government may be needed to achieve the potential of more significant improvements in population health.

Cobiac LJ, Vos T, Veerman JL. Cost-effectiveness of interventions to reduce dietary salt intake. *Heart* 2010;96:120-25.

Don't Forget AWASH

The website for the Australian Division of World Action on Salt and Health is:

www.AWASH.org.au

The AWASH website is always worth looking at—informative and changing frequently.

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