

‘Don’t Pass the Salt!’

European Chronic Disease Alliance position on the need for EU action to help Europeans reduce excessive salt intake

Revised September 2017

Summary

High dietary salt intake is linked to hypertension, stroke, heart failure, kidney disease, kidney stones, stomach and colon cancer. **Population-wide salt reduction is therefore a critical component of public health efforts** to address these major threats.

The World Health Organization (WHO) recommends an intake of no more than 5 grams of salt per day (2 g sodium/day)¹, yet in nearly all EU countries the current daily salt consumption is between 8 and 12 grams². In Europe, approximately 70–75% of all salt consumed is hidden in prepared foods and snacks and in food products (such as bread and cheese). Hence salt intake is not under the control of the consumer.

In May 2013, the WHO set the goal for global reduction in dietary salt intake by 30% by 2025. In recent years, the EU has made tepid attempts to encourage Member States to implement programmes on healthy diet, including salt reduction.

The ECDA supports the EU’s efforts to reduce Europeans’ salt consumption but insists on the need for a more rigorous and concerted action plan which is bolstered by regulatory measures. Reducing salt intake from the present norm of 8-12 grams toward the recommended level of 5 grams per day would significantly improve public health by preventing many chronic diseases, thereby reducing mortality and saving healthcare costs³.

I. Introduction: High salt intake is a serious public health concern

The damaging relationship between salt and high blood pressure was demonstrated by the INTERSALT study⁴. By causing blood pressure to increase, salt is responsible (along with other factors) for the many grave consequences of hypertension, such as heart failure, kidney disease, coronary artery disease and stroke. Globally, 1.65 million deaths from cardiovascular causes annually were attributed to salt intake above the WHO-recommended limits of 5 grams per day. There is also evidence that high salt intake can play a role in the development of stomach cancer⁵, colon cancer⁶ and asthma⁷.

¹ Equivalent to one tea spoon of salt. Guideline: Sodium intake for adults and children. *World Health Organization*. 2012.

http://www.who.int/nutrition/publications/guidelines/sodium_intake_printversion.pdf

² Implementation of the EU Salt Reduction Framework: Results of Member States survey. 2012. EC Directorate-General Health and Consumers http://ec.europa.eu/health/nutrition_physical_activity/docs/salt_report_en.pdf

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3259482/>

⁴ INTERSALT Research Group. An international study of electrolyte excretion and blood pressure. *BMJ* 1988;297:319-328

⁵ Xiao-Qin Wang, Paul D Terry, Hong Yan. Review of salt consumption and stomach cancer risk. *World J Gastroenterology*. 2009;15:2204–2213.

II. There is compelling evidence on the need for EU action on salt: Voluntary frameworks are not enough

Reducing salt intake is one of the easiest ways to reduce high blood pressure and thus the risks of stroke, heart and kidney diseases. For example, reducing salt intake to 5 grams per day lowers the risk of stroke by 23% and the general rates of cardiovascular disease by 17%⁸.

The 2008 EU Framework for National Salt Initiatives⁹ described a vision for a general European approach towards salt reduction. In 2010 the Council of the EU approved this Framework and adopted ‘Conclusions on Action to Reduce Population Salt Intake for Better Health’¹⁰. However, Member State participation in this Framework is entirely voluntary. The Framework sets a feeble goal of a 16 % dietary salt reduction over 4 years for all food products, and the Commission’s report issued in April 2012 showed an assortment of progress across Member States, ranging from moderate to none at all. Notably, of the countries that did make an effort towards salt reduction, only half of those had a monitoring system in place to measure progress.

In June 2014, the Council of the EU adopted ‘Conclusions on Nutrition and Physical Activity’¹¹, again attempting to encourage Member States to step up efforts to promote a healthy diet and physical activity in order to reduce the burden of chronic diseases. Specifically these Conclusions ask Member States to make achieving a healthy diet a top priority for the next years through:

- Promoting healthy dietary options and working with stakeholders to make them available, easily accessible, and affordable for all citizens
- Empowering citizens and families to make informed choices on diet
- Addressing excessive access to and intake of salt, saturated fats, trans fatty acids and sugar, especially in school environments
- Working in partnership with all stakeholders, including the industry, food business operators, health and consumer NGOs and academia to promote effective, wide and verifiable action or agreements, following the example of the EU Platform for Action on Diet, Physical Activity and Health, especially on food reformulation.

In February 2016, the Dutch EU Council Presidency organised a Conference on Food Product Improvement. As a result, a Roadmap for Action¹² was endorsed by 22 Member States as well as by food business operators and health-related NGOs, including the ECDA. The adopted Roadmap aims to develop more concerted action to move step by step towards a healthier product offer, including by lowering levels of salt. It was followed by EU Council Conclusions on food product improvement¹³

⁶ Geoffrey R. Howe, Kristan J. Aronson, Enrique Benito, et al. The relationship between dietary fat intake and risk of colorectal cancer. *Cancer Causes & Control*.1997, Volume 8, Issue 2, pp 215-228.

⁷ Pogson Z, McKeever T. Dietary sodium manipulation and asthma. *Cochrane Database Syst Rev*. 2011 Mar 16;(3):CD000436. doi: 10.1002/14651858.CD000436.

⁸ He FJ, Campbell NRC, MacGregor GA. Reducing salt intake to prevent hypertension and cardiovascular disease. *Rev Panam Salud Publica*. 2012;32:293–300

⁹ http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/national_salt_en.pdf

¹⁰ Council conclusions on action to reduce population salt intake for better health, 8 June 2010

http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/114998.pdf

¹¹ Council Conclusions on Nutrition and Physical Activity, 20 June 2014.

http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/143285.pdf

¹² <https://www.rijksoverheid.nl/documenten/formulieren/2016/02/22/roadmap-for-action-on-food-product-improvement>

¹³ <http://www.consilium.europa.eu/en/press/press-releases/2016/06/17-epsco-conclusions-food-product-improvement/>



adopted in June 2016. The Conclusions recognise that “food product improvement by reducing, among others, the levels of salt, saturated fats, added sugars [...] is an important tool to make the healthy choice easy”. Specifically, the Council Conclusions:

- Call upon Member States to have national plans for food product improvement in place by the end of 2017, to make the healthy choice easier for consumers by 2020, including through an increased availability of food with lower levels of salt.
- Call upon the European Commission to assess existing benchmarks for the reduction of salt and saturated fats in the context of the EU Frameworks for National Salt Initiatives and National Initiatives on Selected Nutrients within a clear timeframe.

III. ECDA Recommendations: Stepping up salt reduction

The ECDA supports the EU’s efforts to reduce Europeans’ salt consumption, but **insists on the need for a more rigorous and concerted action plan** which engages stakeholders and the public in salt reduction initiatives, and is bolstered by regulatory measures to stimulate the reformulation of food, provide clear and meaningful information to consumers and is followed up by an adequate monitoring system of salt intake.

The WHO target of a global reduction in dietary salt intake by 30% by 2025 is based on overwhelming evidence of disease and mortality reduction and cost-effectiveness — the reason why these measures are considered by the WHO to be a “best buy” approach to preventing NCDs.

Adopted in September 2014, the WHO European Food and Nutrition Action Plan 2015-2020¹⁴, was prepared in light of existing goals and policy frameworks and provides a framework for Member States to work together on effective approaches to promote healthy diets and dietary patterns by addressing priorities including excessive salt intake. It specifically calls for the development of salt reduction strategies across food product categories and market segments, working with stakeholder engagement, targets, monitoring, and awareness initiatives.

The ECDA supports the WHO recommendations for action in three core pillars and adds a fourth on monitoring:

<p>Food product reformulation: Work with food manufacturers to stimulate product reformulation towards healthier standards that create a ‘win-win’ for industry and consumers.</p>	<p>Consumer awareness and education: Ensure clear and consistent nutrition labelling including sodium content to help consumers identify healthy options; devise effective health education strategies which improve consumer understanding.</p>	<p>Environmental changes: Set EU targets for specific standards for food providers and food labelling. Implement a framework for action, and support Member States to implement it.</p>	<p>Monitoring system: Maintain data on salt content in food and salt intake in Member States, and track progress towards EU targets.</p>
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¹⁴ WHO Europe Regional Committee 64th Session: *European Food and Nutrition Action Plan 2015-2020*; World Health Organization Regional Office for Europe 15-18 September 2014.

The ECDA recommends that the EU employs regulatory measures which will bolster existing efforts, support Member States' actions and stimulate much-needed progress. For instance:

Clear and consistent nutrition labelling to help consumers identify healthy options: It is essential that products which are high in salt do not display other health claims which obscure the overall nutritional value of the product; hence the EU must set EU-wide nutrient profiles as required in the Nutrition and Health Claims Regulation¹⁵ without any further delay.

In addition, we recommend that the EU aims for a harmonised approach to nutrition labelling including a simplified colour-coded, front-of-pack system. In the interim however, we urge the EU not to interfere with Member States' voluntary initiatives to provide an easy-to-understand indication of levels of salt in products, which empowers consumers with information to make healthy choices.

Environmental changes and effective health education: Children should not be exposed to persuasive marketing of unhealthy products that are high in salt, sugar or fat, but neither should adolescents who are at the age where they may start making their own food choices. The current revision of the Audiovisual Media Services Directive¹⁶ would have provided an opportunity to adopt a mandatory approach to commercial communication to youth up to age 16 for foods of low nutritional value. However, both the text adopted by the responsible committee of the European Parliament (CULT committee) and the EU Council general approach fail short in achieving this objective and ensuring concrete action, such as fully excluding HFSS food from product placement and sponsorship in commercial communications. This leaves little hope for improvement in the compromise text resulting from the ongoing interinstitutional trilogue talks.

Food product reformulation: As salt in processed food is the principal source of salt intake, reducing the salt content in industrial food products by way of regulatory initiatives on food product improvement at EU level is a key measure to achieve the WHO target of 5 grams of salt intake per day by 2025.

To encourage consumer acceptance of the different taste of the improved products, salt in food could be reduced gradually by 2025. A decrease of 1-3 gr. of salt a day can already have notable effects on blood pressure and lead to a significant improvement of cardiovascular risk¹⁷ in people with and without hypertension¹⁸ and in hypertension patients with comorbidities such as diabetes¹⁹.

IV. Conclusion: Small steps to yield big results in public health

Extensive experience in patients with hypertension, as well those with heart failure, has taught us that salt reduction can help patients to manage these conditions without any need for drug treatment, or at least provides an improved basis for successful therapy. Evidence in favour of salt reduction in primary prevention measures shows that a 3-gram decrease in salt intake leads to

¹⁵ http://ec.europa.eu/food/food/labellingnutrition/claims/index_en.htm

¹⁶ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:095:0001:0024:EN:PDF>

¹⁷ <http://www.nejm.org/doi/citedby/10.1056/NEJM200101043440101#t=abstract#t=citedby>

¹⁸ <http://www.nejm.org/doi/citedby/10.1056/NEJM200101043440101#t=abstract#t=citedby>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5541164/>



remarkable benefits over time, including a 10% decrease of cardiovascular events and a 42% decrease of cerebral events including 12% decrease in stroke.²⁰

Based on the overwhelming evidence, it is clear that **reducing salt intake from the present norm of 8–12 grams per day in many European countries toward the recommended level of 5 grams per day can significantly improve public health by preventing many chronic diseases, reducing premature mortality and saving healthcare costs.** The success of any salt reduction initiative will depend on monitoring, stakeholder engagement and establishment of benchmarks and targets, with sophisticated population awareness initiatives.

The ECDA calls on EU policy-makers to take up this challenge at European level, to employ regulatory tools and to work with stakeholders to formulate effective salt reduction programmes that will help Member States to achieve the recommended salt intake standards as part of a healthy diet for its citizens.

Further Reading

European Food and Nutrition Action Plan 2015–2020, WHO Regional Office for Europe 2014
http://www.euro.who.int/_data/assets/pdf_file/0008/253727/64wd14e_FoodNutAP_140426.pdf

Mapping salt reduction initiatives in the WHO European Region, WHO, Regional Office for Europe 2013
http://www.euro.who.int/_data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region.pdf

Implementation of the EU Salt Reduction - Framework Results of Member States survey. European Commission Directorate-General Health and Consumers 2012
http://ec.europa.eu/health/nutrition_physical_activity/docs/salt_report_en.pdf

About the ECDA www.alliancechronicdiseases.org

The **European Chronic Disease Alliance (ECDA)** is a coalition of 11 European health organisations sharing the same interests in combating preventable chronic diseases through European policies that impact health. ECDA represents millions of chronic disease patients and over 200 000 health professionals.

ECDA’s mission is to reverse the alarming rise in chronic diseases by providing leadership and [policy recommendations](#) based on contemporary evidence

²⁰ He FJ, MacGregor GA. Effect of longer-term modest salt reduction on blood pressure. *Cochrane Database Syst Rev* 2013;4:CD004937