Reducing salt consumption



Reducing excess dietary sodium (salt) is a World Health Organisation (WHO) public health goal to combat rising rates of chronic disease. Population health strategies targeting reductions in salt consumption are proven to be cost effective and should be better implemented in Australia.

BACKGROUND

High sodium intake is one of the leading dietary risk factors globally. WHO estimates that 1.89 million deaths each year are associated with consuming too much sodium and that 7 million deaths could be prevented globally by 2030 if salt consumption is reduced to recommended levels (<5g per day in adults)¹.

Excessive sodium intake has been linked to high blood pressure, cardiovascular disease, kidney problems and kidney stones, oedema, stroke, stomach cancer, and osteoporosis. The primary source of sodium in Australian diets is in the form of salt.

Processed foods are a major source of salt, making up the majority of groceries purchased by Australians, particularly in low socio-economic households².

Australians currently consume approximately double the suggested daily dietary salt target of <5 grams (1 teaspoon)³. Reducing salt intake to this target in Australia could save 3,400 lives a year and millions of dollars in healthcare expenditure from prevented hospitalisations^{4,5}.

Effective implementation of population-wide sodium health strategies internationally has resulted in reduced population dietary salt intake.

These strategies have included government and industry collaborations to reduce salt through voluntary or mandatory targets in processed foods, clear labelling of salt content on packaged foods, consumer awareness campaigns and taxation on high salt foods. For example, strategies implemented in the United Kingdom beginning in 2003-04 achieved a 15% reduction in the daily sodium intake over seven years, which is estimated to have saved 9,000 lives annually⁶.

The Commonwealth Government's National Preventative Health Strategy 2021-2030 includes a target to reduce the average population sodium intake by 30% by 2030.

AHHA POSITION

- Australia should implement the national target of a 30% reduction for dietary salt intake set out in the National Health Preventive Strategy 2021-2030, ensuring that it is systemically monitored and reported to evaluate progress.
- To achieve this targeted reduction, a coordinated multifaceted, population health approach is necessary. This should include:

- Measures to reduce salt in pre-packaged foods, improve labelling of processed foods, reduce population salt consumption and increase public awareness of the risk.
- Engagement with food manufacturers and retailers to implement progressive, time-bound salt reduction targets for processed foods, aligned with the national dietary salt target and WHO global 2025 targets, with mandatory implementation if voluntary strategies fail.
- Mandatory front-of-package food and beverage labelling, providing consumers with necessary information to select products with less salt.
- Public awareness campaigns about the health risks associated with consuming too much salt.
- Regular population level monitoring of salt intake through administration of the Australian Health Survey (including 24-hour urinary sodium excretion studies in the biomedical component of the Survey) or an equivalent data collection mechanism that measures food and nutritional intake.



 $^{^{\}rm 1}$ WHO global report on sodium intake reduction. Geneva: World Health Organization; 2023.

² Coyle, D. H., Huang, L., Shahid, M., Gaines, A., Di Tanna, G. L., Louie, J. C. Y., Pan, X., Marklund, M., Neal, B., & Wu, J. H. Y. (2022). Socio-economic difference in purchases of ultra-processed foods in Australia: an analysis of a nationally representative household grocery purchasing panel. The international journal of behavioral nutrition and physical activity, 19(1), 148. https://doi.org/10.1186/s12966-022-01389-8

³ Aminde, L. N., Wanjau, M. N., Cobiac, L. J., & Veerman, J. L. (2023). Estimated Impact of Achieving the Australian National Sodium Reduction Targets on Blood Pressure, Chronic Kidney Disease Burden and Healthcare Costs: A Modelling Study. *Nutrients*, *15*(2), 318. https://doi.org/10.3390/nu15020318

 $^{^4}$ He FJ, MacGregor GA. How far should salt intake be reduced? Hypertension. 2003. 42(6): 1093-9

⁵ Nichols M, Peterson K, Alston L, Allender S. Australian heart disease statistics 2014. Melbourne: National Heart Foundation of Australia, 2014.

⁶ He, F. J., Brinsden, H. C., & MacGregor, G. A. (2014). Salt reduction in the United Kingdom: a successful experiment in public health. *Journal of human hypertension*, *28*(6), 345–352. https://doi.org/10.1038/jhh.2013.105