

P230 AWASH submission June 2007

AWASH is the Australian Division of World Action on Salt and Health

Comments on Key Issues for Consideration at Final Assessment (May 2007)

1. Salt reduction should be made a public health priority in Australia

People only need very small amounts of salt to be healthy and most Australians eat much more salt than they need. Reducing dietary salt intake lowers blood pressure for most people. Getting salt consumption down to the levels recommended by the National Heart Foundation of Australia (no more than 6grams a day) would prevent about a fifth of all strokes and heart attacks in Australia each year. Even healthy people with normal blood pressure stand to gain significant long-term health benefits from cutting salt out of their diets.

The Australian Division of World Action on Salt and Health (AWASH) is a growing network of representatives from the medical profession, scientific community, food industries, consumer associations, education and health promotion bodies. All support the health benefits of a population-wide reduction in dietary salt for Australia. In May this year AWASH launched the Drop the Salt! Campaign. The primary goal is to reduce the average amount of salt consumed by Australians to 6 grams per day within the next five years. There will be four main objectives:

- An average 25% reduction in the salt content of processed foods
- An average 25% reduction in salt use by the catering industry
- Increased population knowledge of the benefits of low salt diets.
- Clear labelling of foods that makes the salt content immediately apparent.

These approaches will be underpinned by a detailed program comprising research, intervention and evaluation.

For more information see: www.awash.org.au

2. Iodised salt is probably not the best way to combat iodine deficiency disorder (IDD)

AWASH agrees that speed, convenience and economy make it legitimate to use iodised salt in bread as a quick response to Australia's shortage of iodine. But this should be an *interim* measure and we should plan now for the change to a better strategy for iodine delivery. For example, iodised bread flour. There are two main reasons for this:

- There is public confusion and administrative difficulty of having conjoined food additives with opposite health messages — iodine (you need more because it is good for you) and salt (you need less because it is bad for you).
- There is wide variation in the amount of salt in bread which will produce very different doses of iodine from different bread products. The flour content of bread is, however, much more constant and the iodine dose for a given consumption of bread would be much more constant across different bread products if flour were the vehicle for iodine delivery.

3. Increasing the iodine content of salt is not a good response to reducing salt levels in bread

The Final Assessment (Key Issues) paper states on pages 8–9 that if manufacturers respond to calls from AWASH to reduce the amounts of salt in their bread ‘we can easily increase the proportion of iodine in the lower quantities of salt’. The problem with this is that the breads that do the best from the AWASH perspective (reduce salt the most) will still end up being the worst from the ACCIDD perspective as they will still deliver lower levels of iodine than their competitors that do not reduce salt. Furthermore, the absolute difference between the amount of iodine delivered by two breads with a given salt content will actually get larger as the amount of iodine delivered per unit salt increases.

4. Iodised salt in bread is unlikely to provide sufficient iodine for the most vulnerable groups -

It would seem unlikely that young children (9 months – 3 years) particularly those being weaned whose consumption of bread is small, will achieve an adequate intake of iodine from the use of iodised salt in bread.

5. Recommendation

- Use iodised salt in bread in the first instance but make sure that the importance of reducing salt intakes is communicated clearly as a priority to both the food industry and consumers in any communication about the use of iodised salt.
- Implement a monitoring system to assess the impact on iodine status of the use of iodised salt in bread. This will assist in determining the effectiveness of using bread as the sole vehicle for iodine delivery
- Make a specific plan with clear timelines to replace iodised salt with a better alternate such as iodised flour (perhaps this could be done in conjunction with the fortification of bread flour with folate)
- Consider whether an alternate approach to iodisation is required to target selected high risk groups

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