

3rd July 2008

Mr James Catchpole

Committee Secretary
Standing Committee on Health and Ageing
Department of the House of Representatives
Parliament House
Canberra ACT 2600

Dear James,

RE: Submission from AWASH for the Inquiry into Obesity in Australia

The Australian Division of World Action on Salt and Health

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. AWASH is currently hosted by the George Institute for International Health in Sydney (www.george.org.au).

AWASH is very pleased to have the opportunity to contribute to this inquiry. This submission is made on behalf of the AWASH Secretariat, a group of individuals with broad scientific, policy, project management and communications expertise, who coordinate the day-to-day activities of AWASH and take responsibility for its outputs.

The Drop the Salt! campaign

In 2007, AWASH launched a campaign to reduce mean population daily salt intakes in Australia to less than 6 grams within five years. The main strategies are working with the food industry to reduce salt in processed foods, raising consumer awareness and clearer labelling. The campaign has already secured strong support from key players in the food industry and several have already committed to the AWASH target of reducing salt in processed food products by an average 25% over the next five years. In January of this year, AWASH hosted a debate on salt and children's health. Senator Jan McLucas, Parliamentary Secretary for Health and Aging, was a key speaker at the event and welcomed the initiative confirming the importance of reducing population salt intakes. The event was attended by health professionals, dietitians and medical experts, and called for a concerted approach from government to address this national health risk along with its efforts to reduce childhood obesity.

The link between salt and obesity

Excess salt consumption is widely considered to be one of the most important contributors to raised blood pressure. Although this connection is usually reported in adults, research is now indicating the same relationship exists in children and adolescents.¹ Australians are consuming excessive amounts of salt and this is having very harmful effects on our health, and children particularly are very vulnerable to high salt intake.² The sodium intake of Australian children and adolescents has not been measured in large population surveys, but will be measured in the latest Kids Eat Kids Play survey with results expected later this year. Presently, the extent to which this population group meets the recommended intake for each age is not known. However it *is* known that most adults over-consume salt by a large amount — as discussed in the *Dietary Guidelines for Australian Adults*³ — and it is likely that the same applies to children and adolescents. This in itself should be sufficient impetus for government to act to reduce population salt intakes. A further driver though, is that recent research has linked salt consumption to increased fluid consumption in children, particularly increased consumption of sugar-sweetened soft drinks.⁴ Study authors indicated that if children were to halve their salt intake (an average reduction of 3 grams a day), there would be a decrease of approximately two sugar sweetened soft drinks per week per child, hence each child would decrease their calorie intake by approximately 250 kcal per week.⁴ Hence, reducing salt intake would both lower blood pressure in children, and also potentially play a role in helping to reduce obesity and the risk of cardiovascular disease as an adult.

Whilst reducing population salt intakes and reducing obesity are both issues that require complex multifaceted interventions, AWASH feels that the one initiative that is unquestionably key to solving both problems is an overhaul of the labelling of packaged food products and the introduction of a new single simplified scheme in Australia to ensure consumers can make more informed dietary choices. The government should take leadership and make a standard front-of-pack labelling system mandatory to reduce the burden of obesity and diseases associated with excessive salt intakes.

The need for standard front-of-pack food labelling

Clear, simple front-of-pack labelling that enables consumers to make quick and easy healthy food choices is essential for chronic disease prevention. Broadly speaking, front-of-pack labelling should guide consumers on:

- Calorie/energy content (for obesity control)
- Sodium content (for blood pressure control)
- Fat and saturated fat content (for blood lipid control)

With growing rates of obesity in Australia, and no clear change in population saturated fat, sodium and energy intake, it is clear that at present, food labelling is inadequate.

Consumer understanding of food labels

The UK Food Standards Agency has conducted preliminary research into consumer understanding about food labelling.⁵ The research suggests that consumers are confused by current food labelling systems, primarily because of the variations of approach used by different food manufacturers and retailers. Consumers overall expressed the need for consistent, clear, comprehensive but concise nutritional information.⁵

AWASH has recently conducted research into consumer understanding of food labels and nutrition information panels. The poll revealed that, whilst the majority of Australian consumers check food content labels at least some of the time, most (60%) don't understand what the sodium content listed in the nutrition information panel actually means. Saturated fat, sugar and sodium were the three nutrients consumers were most concerned about. This is in line with consumer research conducted by FSANZ in 2007,⁶ as well as data from the UK. The AWASH report also found that 33% of consumers in Australia always refer to the nutrition information panel when purchasing a product for the first time.

Presently there are two types of front-of-pack labelling systems that are commonly used on Australian food products; the traffic light labelling system and the percent daily intake system. Both allow consumers to tell at a glance which products are healthier, however there is no definitive evidence to show which system is more effective. Research on the optimal front-of-pack food labelling system is currently underway in the UK.

Regardless of what this research shows, there is still a need for a simple front-of-pack labelling system that is consistent across the food industry.

Conclusions

Current front-of-pack-labelling is clearly inadequate as obesity in Australia continues to grow, and there is no evidence of improvements in population dietary salt or fat consumption. It is likely that an optimal food labelling system will be simple and colour-coded, including data on calories, fat, sugar and salt. However, AWASH reserves its decision about what to support until clear data on efficacy is available, with reference to the UK review ongoing. Definitive evidence to define an optimal strategy for front-of-pack labelling is not yet apparent and there is a need for further research into the optimal food labelling system to enable consumers to make healthier food choices. The chosen front-of-pack food labelling system must be evidence-based in terms of clear beneficial effects on consumer understanding and actual food choices. The chosen front-of-pack labelling system must not be based upon status quo, commercial/industry pressure or expert opinion. A government decision on a standard front-of-pack labelling system is urgently required so that consumers can quickly and easily make healthier food choices.

Further information

Further information can be obtained from **Jacqui Webster**, AWASH Senior Project Manager on 0299934520 or jwebster@george.org.au

References

1. He J, F.J. & MacGregor, G.A. Importance of salt in determining blood pressure in children: meta-analysis of controlled trials.[see comment]. *Hypertension* **48**, 861-869 (2006).
2. Couch, S.C. & Daniels, S.R. Diet and blood pressure in children. *Curr Opin Pediatr* **17**, 642-647 (2005).
3. NHMRC. Dietary Guidelines for Australian Adults. (Commonwealth of Australia, 2003).
4. He, F.J., Marrero, N.M. & MacGregor, G.A. Salt intake is related to soft drink consumption in children and adolescents: a link to obesity? *Hypertension* **51**, 629-634 (2008).
5. Food Standards Agency. Food Labelling Requirements Qualitative Research. *Final Report* (2006).
6. Food Standards Australia and New Zealand. Consumer Attitudes Survey 2007. *A benchmark survey of consumers' attitudes to food issues*. (2008).