DROP THE SALT!

Australian Division of World Action on Salt and Health (AWASH) Response to Government Salt Targets

AWASH congratulates the Australian government on yesterday's announcement of salt targets for bread and breakfast cereals and keenly anticipates hearing the salt targets for other food categories.

Professor Bruce Neal, AWASH Chair and Senior Director at The George Institute for International Health says, "Bread and breakfast cereals are key contributors to salt in the Australian diet so it is right that the government has started with targets for these two product categories. We've got to hope that this is just the start though. In the UK and the US negotiations between government, industry and scientists have already established maximum acceptable salt levels for more than 85 categories of processed and fast foods. So you can see that we still have a fair way to go."

Recent research published by The George Institute showed that in Australia more than 70% of processed meats, cheeses and sauces contain unacceptably high levels of salt. Many other food products had high levels of salt. AWASH is calling on the government to take urgent action by setting salt target levels for all processed and take-away foods.

Professor Neal added "It's also worth noting that the targets for bread and breakfast cereals are less stringent than those set overseas and we need to understand why this is. I'm looking forward to seeing the science behind how these targets were set. More than half of all bread products and eight out of ten breakfast cereals are already at target so the question is whether we are really challenging industry enough."

Salt reduction remains one of the most effective disease control strategies yet to be seriously addressed by the Australian government. A recent report from the US showed that reducing average population salt intake by 3 grams/day could prevent up to 92,000 deaths each year. Implementing the same strategy in Australia would be expected to avert many thousands of premature deaths each year. Furthermore, with the annual cost to government estimated at a maximum of 20 million dollars it is one of the most cost-effective possible disease control strategies remaining.

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