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UEAPME position on the salt content of foods

Several initiatives of the European Commission intend a restriction of the salt content of foods. Restrictions are foreseen for

a) products bearing a claim. Regulation (EC) 1924/2006 foresees the setting of nutrient profiles, via the regulatory committee procedure with scrutiny by January 2009,

b) a general restriction based on the EU Framework for National Salt Initiatives.

UEAPME foresees significant hazards if the European Commission continues to advocate salt reduction in foods. In view of the conflicting expert opinions UEAPME suggests that EFSA is asked to produce a scientific study of the benefits if any of salt reduction.

On a)

The Commission has already defined claims for reduced salt in the annex to EC 1924/2006 as follows:

Low sodium/salt

The claim can only be made if the product contains less than 0.12g sodium per 100g or 100ml (note that salt is 40% sodium, so 0.12g sodium is 0.3g salt).

Very low sodium/salt

A Claim can only be made where there is less than 0.04g sodium or 0.1g salt per 110g or 100ml.

Sodium or salt free

A Claim can be made if less than 0.005g of sodium or 0.013g salt per 100g or 100ml is present.

UEAPME welcomes these definitions as they clarify the position of claims on food labels.

On b)

Without adequate scientific foundation the European Commission has launched the “EU Framework for National Salt Initiatives”. Salt reduction in food is regarded “a first priority”.

The European Commission does not mention any reasons for these goals. Salt intake is regarded “unhealthy” without any scientific justification. It seems that at least one of the reasons for the attempt of the European Commission is the assumption of salt increasing blood pressure of healthy people, a theory on which many experts disagree. They see “a lack of a demonstrated impact on cardiovascular disease morbidity and mortality and concern about potential adverse health consequences of a lowered NaCl intake”¹. Other studies have shown that randomized double-blind crossover studies showed no effect of high salt intake for healthy people. The relationship between salt intake and blood pressure was once highly controversial. Early comparisons of populations did support the salt hypothesis but were difficult to interpret because of unmeasured confounding variables.

UEAPME members say that any further reduction in salt content of foods would seriously shorten shelf life and would introduce significant risks of food poisoning. Salt forms part of a complex preservation system on the microbiology of cheeses and many other products. It determines the safety and the shelf life of the product. It is also critical in the maturation process. Alternatives to sodium chloride in foods may not be so effective and may introduce hazards that are as yet not foreseen.

Therefore, in view of the benefits of salt inclusion and the questioned “benefits” of salt reduction, UEAPME asks that the European Food Safety Authority (EFSA) be requested to produce a scientific opinion on the justification of any regulatory attempt for the reduction of salt intake for healthy European people.

¹ The American Journal of Physiology – Heart and Circulatory Physiology, Vol. 276, Issue 5, H1807-H1808, May 1999.