

Hold the Salt - Part I

The science is clear – our high-sodium diet has got to go



Policy making in the area of food and nutrition is a difficult task at the best of times. It is particularly difficult when the science is not clear; this is more common than most people realize. When the science is uncertain, the regulator is essentially left with the

question of which science or whose science. This involves making political/policy choices that are not easy because the government continues to hide behind the idea that their decisions are all “risk-based,” by that they mean “science-based,” which is actually not the same at all. This is a discussion for another day.

There is an area now that has taken on high visibility that appears ripe for action because the science is clear. It is as close to a scientific fact as you can get that Canadians are consuming more than double the recommended daily intake of sodium (1,500 mg). This has resulted in very negative effects on our health and on the costs to our health care system. There is widespread scientific consensus that a diet high in sodium is associated with an increased risk of high blood pressure, a major risk factor for strokes, heart disease and kidney disease. There is also widespread consensus that lowering sodium consumption could result in billions of dollars of savings to our unsustainable health care system. It is a remarkable fact that 46 per cent of women and 38 per cent of men over 60 years of age take costly anti-hypertensive medications!

Surprisingly, while the addition of vitamins and minerals to food is highly regulated, sodium is not. Health Canada set up the Sodium Working Group to develop policy options to respond to the problem. The Working Group recently submitted its Report which recommended a voluntary

approach only, stating that any mandatory regulation would be “nightmarish, costly and complex” because sodium is so ubiquitous in our diet.

Presumably the Working Group was also inspired by the U.K. experience, where a major public information campaign and a voluntary program has led to a 9.5-per-cent decrease in sodium consumption in just a few years. The U.K. program involves a front-of-pack traffic light system of red lights for high-in-sodium foods, and green lights for low-in-sodium foods. A concentration on processed foods is warranted because recent research has revealed that we get 75 per cent of our salt from processed food and restaurants, with the balance roughly divided between salt naturally occurring

in food and what we add from our salt shakers.

In Canada we already have some labelling laws for processed foods to help the consumer. The amount of sodium in the product must be set out in the Nutrition Facts

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Box together with the per cent daily value based on the Reference Standard Volume of 2,400 mg [FDR, B.01.0011 (2)]. Moreover, manufacturers can make the diet-related health claim that “foods low in sodium may reduce the risk of high blood pressure, a risk factor for stroke and heart disease.” Other sodium claims, such as low in sodium or no added sodium or salt, are also permissible if certain standards are met.

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