

Reducing Salt Intake: A Strategic Priority for Public Health

EXECUTIVE SUMMARY

Excessive salt consumption is a leading dietary risk factor for NCDs, contributing significantly to high blood pressure, cardiovascular disease (CVD), stroke, kidney disease, osteoporosis and stomach cancer. Global and national evidence underscores the simplicity and cost-effectiveness of reducing salt intake through reformulation and policy interventions [1]. This brief highlights the necessity of addressing salt consumption, outlines the vital role of the food industry, and stresses the need for the Government to re-prioritise, strengthen and lead salt reduction efforts as a national health priority.

POLICY RECOMMENDATIONS

- **Reinstate salt reduction as a priority public health initiative**, learning from the successes of the earlier programme under the Food Standards Agency, and leveraging its simplicity and effectiveness as a preventive measure.
- **Conduct an urgent review and evaluation of the current salt reduction programme**, as originally committed for 2022, to assess its progress and identify areas for improvement.
- **Implement mandatory salt reduction targets for food businesses**, backed by enforceable financial penalties for those who fail to comply.
- **Consider fiscal levers on unhealthy food**, building on the success of the Soft Drink Industry Levy to encourage businesses to actively engage in reformulation, as proposed by Recipe for Change [2].



Reducing salt consumption would prevent 183,000 instances of heart disease and stroke by 2035.



Reducing salt consumption would save £6.7 billion in NHS costs

The Public Health Importance of Salt Reduction

Salt intake in the UK remains well above the recommended limit of 6g per day.

Excessive salt intake directly contributes to high blood pressure, the leading risk factor for heart disease and stroke, responsible for 1 death every 4 minutes. Reducing salt consumption in the UK population to the recommended limit is thought to prevent incidences of coronary heart disease and stroke and lead to direct cost savings [3].

A robust salt reduction policy **strongly aligns with the Government's goal** of improving prevention, reducing avoidable illness and decreasing health inequalities, contributing directly to NHS long-term plan commitments and wider levelling-up health missions. Reinforcing salt reduction policy must be a strategic priority within the Government's prevention agenda.

Simplicity and Feasibility of Reformulation

80% of the salt we eat has been added by the food industry before purchase. From everyday items such as bread, cheese, and ready meals, to restaurant and delivery services, consumers are unable to remove this salt from their diets. As such, **there is a heavy reliance on the food industry to act in the best interests of consumer health.**

Reformulating products to contain less salt is **technically feasible, low-cost, and has minimal impact on consumer satisfaction.** By encouraging the food industry to reduce levels of salt, sugar and saturated fat, gradually and across all categories of food, consumer palates can adapt with minimal noticeable difference.

This is evidenced in the early success of the salt programme, led by the FSA between 2003 and 2011, which saw salt levels decrease by 20-40% in some food categories, with consumer taste and industry sales unaffected. The programme was world-leading, achieving a 15% reduction in population salt intake and contributing to significant falls in blood pressure and CVD mortality [4].

Reducing Health Inequalities

People living in the most deprived communities are 2.5 times more likely to die prematurely from CVD than those in the most affluent parts of the country [5]. A population-wide salt reduction strategy will deliver significant benefits to low-income and marginalised populations, and ensure that healthier choices between the default option for everyone.

✓ **Improved Agency:** Highly processed foods, which are disproportionately consumed by those from lower socioeconomic groups, often contain the highest salt levels. Reformulation reduces salt exposure in the very foods that dominate the diets of disadvantaged communities, without requiring behaviour change.

✓ **Reduced Individual Burden:** Interventions that rely on individual behaviour change often benefit more health-literate individuals. Industry wide reformulation ensures everyone benefits equally, regardless of socioeconomic status, by reducing the reliance on personal willpower or knowledge.

Inaction Costs Lives

Despite clear evidence and early success, moving the salt reduction programme away from the FSA allowed the food industry to act with minimal government oversight or enforcement, stalling progress. Many manufacturers continuing to exceed safe salt thresholds without consequence, and in the following years, only half of food categories met voluntary targets as a result of this lack of intervention [6].

The lack of transparency, evaluation, and accountability in the existing programme risks reversing earlier public health gains. **Each year of inaction contributes to avoidable deaths and exacerbates health inequalities.** Without urgent political will and renewed leadership from DHSC, **the UK risks falling further behind international best practice in salt reduction.**

Salt reduction targets drive reformulation and reduce salt levels, but only when enforced. To date, over 50 countries have salt reduction targets, with Argentina, Colombia and South Africa going beyond and setting mandatory targets. The UK Government must now mandate reformulation, alongside complementary policies such as front of pack labelling, and wider advertising and promotion restrictions to deliver maximum benefit.

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References:

- [1] World Health Organisation. 2023. [Global Report on Sodium Intake Reduction.](#)
- [2] [Recipe for Change](#). 2023.
- [3] British Heart Foundation and Health Lumen. 2022. [Salt: Modelling a reduction in consumption.](#)
- [4] He, F. J., et al. 2014. [Salt reduction in the United Kingdom: a successful experiment in public health.](#) Journal of Human Hypertension, 28(6), 345-352.
- [5] British Heart Foundation. 2025. [Cardiovascular Inequalities in England: An Analysis.](#)
- [6] Public Health England. 2020. [Salt targets 2017: Second Progress report.](#)
- [7] [Action on Salt & Sugar](#). 2023.