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Re: Comments on consultation concerning Table of Daily Values (NOP/ADP-DVQ-2021-1), particularly that Daily value for sodium is misleading and therefore contravenes section 5 of the Food and Drugs Act

High sodium intake is the cause of at least 4,000 deaths annually in Canada¹ (and at least 2 million worldwide) even using a metric developed by the Institute for Health Metrics and Evaluation that appears partly influenced by studies with weak methodologies that posit beneficial effects of high sodium consumption.² According to the World Health Organization, approximately one-third of 11 million nutrition-related deaths globally are attributable to excessive sodium.³ If so, Health Canada's approach to labelling sodium on processed foods—the origin of four-fifths of the sodium in the Canadian diet—matters greatly.

Health Canada's 2,300-mg proposed Daily Value for sodium systematically under-states the amounts of sodium in foods and, in so doing, misleads Canadians, contravenes the *Food and Drugs Act*, and contributes to harmful, high levels of sodium consumption that Health Canada is duty-bound to help reduce.

According to Health Canada, the average Canadian's current daily sodium intake is approximately 2,760 mg,⁴ nearly double the 1,500 mg recommended for most Canadians (and Americans).⁵ In mandating the amounts of nutrients that are required to be labelled as a percentage of the Daily Value, Health Canada purports to contextualize the amount of such nutrients against relevant daily needs and risks with the %DV signaled in the Nutrition Facts table. However, in failing to expressly state that 2,300 mg is a maximum amount rather than a target consumption amount, Health Canada misleads consumers and compels food manufacturers to systematically mislead consumers. Furthermore, Health Canada must recognize that, even if Canadian consumers inferred that 2,300 mg were a maximum consumption level and sought to follow that advice by consuming only 2,299 mg, they would consume nearly 800 mg more sodium than the same National Academy of Medicine report indicates is adequate.⁶ Because the sodium elevate blood pressure throughout that range, advice-compliant Canadians would experience a known harmful risk throughout that continuum.⁷

According to the U.S. Institute of Medicine, the vast majority of elevated blood pressure is due to excess sodium intake (chiefly from added salt), overweight (largely caused by excess caloric intake), and insufficient potassium intake.⁸ In high-sodium-consumption countries like Canada, there is a 90% lifetime risk of developing hypertension—the world's leading risk factor for death, due mainly to heart attacks and strokes.⁹ A study by Canadian researchers published in 2015 in a journal of the American Heart Association, *Hypertension*, estimated that hypertension cost the Canadian healthcare system nearly \$14 billion in 2010.¹⁰

In 2010, Premiers and territorial leaders agreed that:

Supporting healthy living is also important to reducing burdens on the health care system. For example, reducing sodium intake could prevent up to 23,500 cardiovascular events annually, and generate close to \$3 billion in health care savings. Premiers encouraged Canadians to reduce their personal sodium intake level to 1500 mg per day and urged the food industry to immediately implement voluntary measures recommended by the recent [federal health minister's expert] Sodium Working Group report.¹¹

Then [Provincial and Territorial Health Ministers](#) later called for federal regulations to be developed in case timely voluntary sodium reductions were not demonstrated. No such regulations mandating sodium reduction were ever promulgated by Health Canada. According to a national public opinion poll commissioned by the Public Health Agency of Canada in 2009, 76% of Canadians believed that the amount of sodium in food should be based on the 1,500 mg adequate intake, and only 15% believed it should be based on the upper limit (9% did not know) a five-fold difference.¹² The survey did not ask whether the current (2,300 mg) or former (2,400 mg) DV was based on a target or a maximum, but one can reasonably conclude that many Canadians are now misinterpreting this label information and eating saltier food than they intend and will continue to do so in the future after Health Canadian makes this nearly imperceptibly small refinement to the Daily Value.

Section 5 of the *Food and Drugs Act*, states that:

5 (1) No person shall label, package...sell or advertise any food in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.¹³

While it may be that the food industry has pressured Health Canada to mandate the larger number to be used as the basis for nutrition labelling, even when its own dietary guidance urges Canadians to aim for 1,500 mg,¹⁴ Health Canada's duty is to best protect Canadians and implement regulations fulfil its mandate from Parliament. CSHL submits that Health Canada's proposed Daily Value for sodium systematically and dramatically understate the saltiness of foods and will be partly responsible for the current and future high sodium intake in the population and the resulting cardiovascular disease and deaths and disability.

We urge the Health Canada to use the Adequate Intake as the basis for food labelling Daily Value as it does for other nutrition guidance.

Yours sincerely,




Bill Jeffery, LLB, Executive Director
Centre for Health Science and Law

Endnotes

¹ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019. Reference Life Table. Seattle, USA: Institute for Health Metrics and Evaluation (IHME), 2021. Estimate for dietary risks in Canada in 2019. See: <http://ghdx.healthdata.org/gbd-results-tool?params=gbd-api-2019-permalink/1b67a15e143d05f289fc9ac5fc1312cd>

- ² Campbell NRC, He FJ, Cappuccio FP, MacGregor GA. Dietary Sodium 'Controversy'-Issues and Potential Solutions. *Curr Nutr Rep.* 2021 Sep;10(3):188-199. doi: 10.1007/s13668-021-00357-1. Epub 2021 Jun 19. PMID: 34146234.
- ³ WHO. WHO global sodium benchmarks for different food categories. Geneva: 2021 at 1. Available at: [https://apps.who.int/iris/rest/bitstreams/1344511/retrieve#:~:text=The%20World%20Health%20Assembly%20has%20recognized%20the%20importance%20of%20sodium,2013%E2%80%932020%20\(6\).](https://apps.who.int/iris/rest/bitstreams/1344511/retrieve#:~:text=The%20World%20Health%20Assembly%20has%20recognized%20the%20importance%20of%20sodium,2013%E2%80%932020%20(6).)
- ⁴ Health Canada. Sodium Intake of Canadians in 2017. Ottawa: 2018. Available at: <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/food-nutrition/sodium-intake-canadians-2017/2017-sodium-intakes-report-eng.pdf>
- ⁵ Health Canada. A Salty Situation. Last modified January 2, 2021. Available at: <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/infographic-salty-situation.html>



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A Salty Situation

3 out of 5 Canadians eat TOO MUCH SODIUM ¹

1500 mg: How much sodium Canadians **NEED**/day
 2760 mg: How much sodium Canadians **EAT**/day
 That's almost **2x** the sodium we need ¹

Too much sodium can cause **high blood pressure** and lead to **HEART DISEASE** and **STROKE** ².

Percentage (%) of Canadian population eating **too much sodium** ¹ :

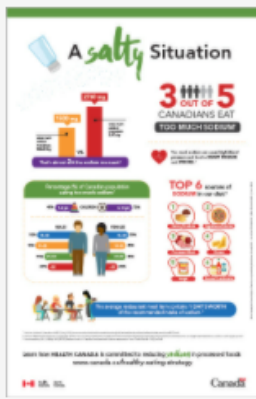
Children			
1-3 yrs	49%	4-13 yrs	72%
MALES		FEMALES	
14-18 yrs	92%	14-18 yrs	50%
19-30 yrs	96%	19-30 yrs	45%
31-50 yrs	75%	31-50 yrs	45%
>50 yrs	67%	>50 yrs	29%

TOP 6 sources of SODIUM in our diet ¹ :

1. Bakery Products
2. Appetizers/Entrées
3. Processed Meat
4. Cheese
5. Soups
6. Sauces/Condiments

The average restaurant meal item contains **1 DAY'S WORTH** of the recommended intake of **sodium** ³.

Learn how **HEALTH CANADA** is committed to reducing **sodium** in processed foods
www.canada.ca/healthy-eating-strategy



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Footnotes

- ¹ Sodium Intake of Canadians in 2017 (July 2018). www.canada.ca/en/health-canada/services/publications/food-nutrition/sodium-intake-canadians-2017.html
- ² Sodium Reduction Strategy for Canada (July 2010). www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/sodium/related-information/reduction-strategy/recommendations-sodium-working-group.html
- ³ Scourboutakos, MJ., L'Abbé, MR. (2013). Sodium Levels in Canadian fast-food and sit-down restaurants. *Can J Public Health.* 104(1):e2-e8.

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⁶ For example, the National Academy of Medicine report, *Dietary Reference Intakes for Sodium and Potassium* (2019) stated at pages 333 and 334.

Furthermore, for intakes below 2,300 mg/d (100 mmol/d), there was insufficient strength of evidence that reducing sodium intake is associated with harm, such as increased risk in mortality (for the committee’s review of this evidence, see Chapter 8)...For sodium intakes below 2,300 mg/d (100 mmol/d) down to the sodium AI for adults (1,500 mg/d [65 mmol/d]), there was evidence from randomized controlled trials that reducing sodium intake lowers blood pressure.

Available at: <https://www.nap.edu/download/25353>

⁷ U.S. National Academy of Medicine. *Dietary Reference Intakes for Sodium and Potassium*. Available at: <https://www.nap.edu/download/25353>

⁸ Committee on Public Health Priorities to Reduce and used Control Hypertension in the U.S. Population, Institute of Medicine of the National Academies. *A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension. Report*, v-173. 2010. Washington, DC, USA, National Academies Press.

⁹ Vasani RS, Beiser A, et al. Residual lifetime risk for developing hypertension in middle aged women and men: The Framingham Heart Study. *Journal of the American Medical Association*. 2002; 287:1003-1010 cited in Appel L (Panel Chair). *Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate*. U.S. Institute of Medicine. Washington, D.C. 2005 at 354.

¹⁰ Colin G. Weaver, Fiona M. Clement, Norm R.C. Campbell, Matthew T. James, Scott W. Klarenbach, Brenda R. Hemmelgarn, Marcello Tonelli, Kerry A. McBrien Healthcare Costs Attributable to Hypertension Canadian Population-Based Cohort Study. *Hypertension*. 2015; 66: 502-508. Available at: <http://hyper.ahajournals.org/content/66/3/502>


¹¹ Council of the Federation. Communiqué. Premiers Protecting Canada’s Health Care Systems. Winnipeg. August 6, 2010. Available at: <http://www.councilofthefederation.ca/pdfs/PremiersProtectingCanadasHealthCareSystem.pdf>

¹² Final Report: Canadians’ and Health Care Professionals’ Views on Sodium. Health Canada POR-08-21. Dec. 16, 2009. Prepared for: Public Health Agency of Canada which found that 90% of Canadians support “Require foods that are high in sodium to display symbols or words on the front of the label that highlight that fact.” at 46, Available at: http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc-por-ef/public_health_agency_canada/2009/117-08/report.pdf

¹³ R.S.C., 1985, c. F-27. Available at: <https://laws-lois.justice.gc.ca/PDF/F-27.pdf>

¹⁴ Health Canada. Sodium: The Basics. Available on September 7, 2021 at: <https://www.canada.ca/en/health-canada/services/nutrients/sodium/sodium-basics.html> Which states as follows:

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Sodium

Sodium: the basics

Sodium detector

About sodium

Sodium detector - ingredients added during cooking and at the table


Sodium detector - naturally occurring

Sodium detector - processed foods

Sodium: the situation in Canada

Sodium: the basics

Sodium is a nutrient found in table salt and many other foods. While some sodium is found naturally in food, most of it is added to our food to flavour and preserve it, or change its texture or structure.



You may have heard we need to cut down on how much sodium we’re eating. It’s true. Most Canadians, including children, eat too much sodium.

Too much sodium can lead to high blood pressure, which may result in stroke and heart disease. Heart disease and stroke are the leading causes of death in Canada, after cancer.

On this page:

- [How much sodium is recommended?](#)
- [Top five food sources of sodium](#)
- [Quiz: Test your sodium knowledge](#)

How much sodium is recommended?

Recommended daily sodium intake by age

Age	Recommended daily intake	Maximum
1-3 years ¹	1,000 mg	1,500 mg
4-8 years	1,200 mg	1,900 mg
9-13 years	1,500 mg	2,200 mg
14-50 years	1,500 mg	2,300 mg
51-70 years	1,300 mg	2,300 mg
71+ years	1,200 mg	2,300 mg