



Food Standards Australia New Zealand (FSANZ) consultation on Proposal P1066: Review of young child formula

Cancer Council Australia

21 July 2026



Responses

About you – If you wish to provide general background information about yourself or your organisation (if any), include this in the box below

Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledges the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander Elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

Cancer Council Australia welcomes the opportunity to respond to FSANZ's Proposal P1066 – Review of young child formula.

In Australia, it is recommended that infants are exclusively breastfed until around 6 months of age when solid foods are first introduced, and that breastfeeding is continued until 12 months of age and beyond, for as long as the mother and child desire.¹ Breastfeeding provides significant health benefits for both mother and child, including a reduced risk of ovarian and breast cancer for mothers and protection against some childhood cancers for children.¹ The protective effect of breastfeeding on ovarian and breast cancer was greater for women who breastfed longer than 12 months.^{2,3}

The World Health Organization and Australian Dietary Guidelines do not support the regular consumption of young child formulas.^{4,5} Regular consumption can displace core foods from the diet and add additional kilojoules and free sugars.⁶ Early weight gain can increase the likelihood of obesity persisting into adulthood and the risk of obesity-related cancers.⁷

Please provide your overall view on FSANZ's assessment for Proposal P1066 and the proposed approaches

Both support/do not support

Please explain your response below

Young child formulas (YCFs), also known as toddler milks, toddler formulas, follow-on milks, or growing-up milks, are commercially produced milk-based drinks marketed for children aged 1 to 3 years, up until the day prior to the fourth birthday.

They are typically sold as powdered products to be mixed with water and are positioned as the 'next stage' after infant formula. The World Health Organization and the Australian Dietary Guidelines consider toddler milks unnecessary for healthy toddlers.⁴

⁵ It is recommended that children aged 1-3 years consume dairy foods, including cow's milk or calcium-fortified alternatives, to gain essential nutrients.⁵ In comparison to cow's milk, YCFs have higher energy, and almost twice the levels of carbohydrates and total sugar, with 90% found to have added sugars.⁶ Further, some YCF have been found to have nearly as much sugar as the Australian formulation of Fanta soft drink.⁶

YCFs are also four to five times more expensive than cow's milk, with 'premium' varieties even more costly, potentially adding hundreds of dollars to grocery bills each year.⁸ Despite this, current regulations allow these products to be heavily marketed and positioned by manufacturers as essential nutrition for young children.

We support FSANZ's characterisation of young child formulas as a special purpose food intended only to supplement the diets of children aged 1–3 years in specific circumstances. This framing should be reflected consistently across definitions, compositional requirements, labelling, and representation.

This consultation is an opportunity to shift the balance. Cancer Council's submission focuses on the public health case for stronger compositional limits; particularly on free sugars and total energy, grounded in the well-established link between excess sugar intake in early childhood and unhealthy weight gain. Early excess weight gain can increase the likelihood of obesity persisting into adulthood, which is associated with a higher risk of developing obesity-related cancers⁷. There are elements of the proposal which we do not support, and further detail on these points, and our recommendations are provided in our responses to the consultation questions.

We also support the positions of other public health groups, such as the Australian Breastfeeding Association and Food for Health Alliance.

If there is any other information you would like to provide for the Proposal P1066 consultation, please include this in the box below.

CFS REPORT

Q1 Do you agree that the proposed definition does not unintentionally capture products that are not young child formula?

Whilst the definition does not unintentionally capture products that are not YCF, it does not capture all YCFs that are currently on the market, and it is not sufficient to address products that are positioned as alternatives to dairy-based YCFs such as plant-based YCFs.

To address these issues, we suggest that the proposed definition is amended by removing the term ‘milk drink’ from the prescribed name. This term frames the product as an everyday beverage, comparable to cow’s milk, and blurs the distinction between a special purpose product and a general dietary staple, which is inconsistent with the policy intent.

We recommend that any definition and/or prescribed name indicates limited use, avoids implying benefit or necessity, and clearly distinguishes the product from both infant formula and regular milk. The wording should ensure that the regulations capture any plant-based YCFs (e.g. oat based), and associated provisions should make it explicit that no other drinks, or drink powders, are permitted to be marketed for young children.

We strongly support the requirement that an age statement is included on the front of pack, co-located with the prescribed name, indicating that the product is suitable only for children aged 1 to 3 years.

However, we do not support that other voluntary age range statements can be included on the label. Allowing other voluntary age range statements (albeit with a requirement that they indicate the product is intended for children aged 1 to 3 years) gives manufacturers scope to reframe, emphasise, and market age in ways that undermine the intent of the reform.

SUPPORTING DOCUMENT 1: NUTRIENT COMPOSITION

Q1.1 FSANZ recognises that the maximum level for iodine for formulated supplementary foods for young children in the Code was established through Application A528 and considered its application to young child formula. Do you support FSANZ’s proposed approach to adopt the Codex GUL as a maximum regulatory limit for iodine in young child formula?

Yes, we support this approach as the proposed limits largely align with international recommendations.

In particular, we strongly support FSANZ’s proposal to:

- prescribe a maximum level of 3.0g/100 kJ for carbohydrates; and
- restrict the addition of fructose and/or sucrose in YCF.

These are necessary to appropriately address the excess energy and total sugar content found in YCFs.

The Australian Dietary Guidelines make no recommendation for YCF in the diet of healthy children aged 1–3 years.⁵ The Royal Children’s Hospital Melbourne notes that most toddlers do not need special toddler milks, which are often ultra-processed and contain added sugars.⁹ Australian research found that all toddler milk products surveyed had energy content and total sugars almost double that of full-fat cow’s milk per 100 ml.^{6, 8} For most toddlers eating a varied diet, these products add excess kilojoules and free sugars without nutritional benefit. Recent data from the Australian Institute of Health and Welfare (AIHW) found children aged 2-4 years of age consume 27% of their daily energy intake from discretionary foods.¹⁰

Excess free sugar intake in early childhood contributes to unhealthy weight gain by contributing to the overall energy density of diets.⁴ The World Cancer Research Fund identifies healthy body weight as one of the most important ways to reduce cancer risk, with convincing evidence that excess body weight increases the risk of at least 13 cancer types.^{11, 12} For some cancers most benefit is gained by avoiding overweight and obesity, and this is particularly important during childhood and adolescence as obesity in early life often continues into adulthood.¹¹⁻¹⁴ Reducing unnecessary added sugar consumption in the toddler years is a meaningful and achievable form of primary cancer prevention via obesity prevention.^{4, 11, 14}

SUPPORTING DOCUMENT 2: LABELLING FOR YOUNG CHILD FORMULA

Q2.1 Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?

Q2.2 Do you support FSANZ’s proposed approach that general Code requirements, including requirements for warning and advisory statements, allergen declarations, date marking, characterising ingredients and components of foods and foods requiring pre-market approval, should apply to young child formula?

Q2.3 Do you support FSANZ’s proposed approach to safety-related labelling for young child formula in relation to: • Prescribed name • Required statements • Directions for use and storage.

Q2.4 Do you support FSANZ’s proposed approach to the labelling for provision of information for young child formula in relation to: • Nutrition information requirements • Statement of ingredients • Nutrition content and health claims • Stage labelling • Product differentiation • Proxy advertising • Other representations.

In response to Q2.2, 2.3 and 2.4, we support FSANZ's recommendation to prohibit nutrition content and health claims, and call for an extension of that prohibition to unregulated implied and developmental claims (e.g. "formulated for tiny tummies"). We also support FSANZ's proposal to prohibit stage numbering, proxy advertising, and imagery that implies the product is natural (animals, plants, hearts) or scientifically superior (shields, brains, DNA strands).

We do not support FSANZ's proposal to permit a voluntary separate format for declaring vitamins and minerals, which risks creating a misleading 'health halo' around these products by implying nutritional superiority over core foods, which already contain appropriate vitamins and minerals. This would risk legitimising ingredient-based marketing practices that are inappropriate for a special purpose product only recommended to be consumed by a vulnerable population in certain circumstances.

We also do not support FSANZ's proposal to apply Standard 1.2.10 of the Australian New Zealand Food Standards Code to YCF. While the standard is intended to provide transparency to consumers, in the context of YCF, it would provide manufacturers with a regulatory mechanism to prominently feature percentages of added ingredients (e.g. specific vitamins), thereby reinforcing the health and superiority messaging the proposed reforms are seeking to prohibit.

We support FSANZ's proposed approach that the general Australian Food Standards Code requirements of the following apply to YCF:

- Warning and advisory statements (Standard 1.2.3);
- Allergen declarations (Standard 1.2.3)
- Date marking (Standard 1.2.5);
- Foods requiring pre-market approval – novel foods (Standard 1.5.1) – we note specific permissions and prohibitions in Schedule 25 for infant formula products and formulated supplementary foods for young children should also apply to YCF; and
- Foods requiring pre-market approval – GM foods (Standard 1.5.2).

Additionally, we strongly recommend the sale of YCF be restricted to pharmacies and healthcare settings only and not permitted in supermarkets. This is consistent with the requirement to consult a health professional before use and reflects the special-purpose nature of these products, in line with distribution controls applied to special purpose medical products.

All proposed required statements should be adopted with wording prescribed by FSANZ, not left to manufacturers' discretion, and preceded by "Important notice –

warning statement”. Three additional required statements should be considered for inclusion:

- this product is not suitable as a sole source of nutrition;
- it is not a suitable substitute for breastmilk; and
- breastfeeding is recommended up to two years and beyond (as recommended by the WHO/FAO in section 8.6.2 of the Codex Standard for Follow-up Formula).

SUPPORTING DOCUMENT 3: SAFETY AND FOOD TECHNOLOGY ASSESSMENT

Q3.1 Do you support FSANZ preferred option (option 3) which proposes establishing a new food class in in the table to section S15—5 for young child formula, which would list food additive permissions for young child formula separate to provisions for formulated meal replacements and formulated supplementary foods. Please provide justification and any supporting evidence.

Q3.2 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether young child formula currently on the Australia and New Zealand market would be disadvantaged from a food technology perspective by alignment with CXS 156-1987 food additive permissions (refer to Table 4 below).

Q3.3 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether the 7 food additives assessed for young child formula (Ascorbyl palmitate (INS 304), Ascorbyl stearate (INS 305), Potassium hydroxide (INS 525), Sodium hydroxide (INS 524), d-alphaTocopherol (INS 307a), Tocopherol concentrate mixed (INS 307b) and dl-alphaTocopherol (INS 307c)) require permissions in the new proposed food class.

In response to Q3.1, we support the list of food additive permissions and prohibitions set out in the consultation documents, including exclusion of colours and intense sweeteners for which there is no nutritional or technological justification in products for young children.

We do not support this implementation via option 3. Rather than creating a new division for YCF, Standard 2.9.3 Division 4 (formulated supplementary foods for young children) should be retained and strengthened. The category should be explicitly narrowed to apply only to clearly defined YCF products, while prohibiting other formulated supplementary foods and drinks for young children.

This avoids regulatory fragmentation, closes loopholes for alternative supplementary drinks for toddlers, and maintains a clear prohibition on other products being positioned specifically for young children.

SUPPORTING DOCUMENT 5: PRELIMINARY CONSIDERATION OF COSTS AND BENEFITS

Q5.1 Have all the major impacts to industry, consumers and government from the proposed options been identified in Table 2 of SD5? Please provide data.

Q5.2 Do you have information which may assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 3 of SD5? Please provide data.

Q5.3 Do you agree with the assumptions proposed to be used to estimate the cost of reformulation in SD5? Please provide data.

Q5.4 Do you agree with the assumptions proposed to be used to estimate the cost of re-labelling in SD5? Please provide data

In response to Q5.1, Q5.3 and Q5.4, Cancer Council has no additional major impacts to add. We support and agree with FSANZ's preliminary conclusion that the costs of the proposed regulatory approach are likely to be outweighed by the benefits.

We note that as referenced in SD5, the estimated total reformulation costs of ~\$10.4M represent less than 7% of annual domestic YCF sales of \$145.28M (2024), spreadable across a transition period.

We agree with the assumptions that the required label changes will be a one-off cost and that all YCF would likely need to be re-labelled. The changes will apply across the industry, so no manufacturer would be unfairly disadvantaged. This is in contrast to a voluntary approach, where inconsistent uptake could result in unfair competitive advantages.

In response to 5.2, YCFs cost considerably more than standard cow's milk, with research suggesting they may be four to five times as expensive.⁸ Reduced unnecessary use of YCFs may therefore provide an additional benefit by lowering household expenditure on these products.

If there is any other information you would like to provide for the Proposal P1066 consultation, please include.

We thank FSANZ for the opportunity to contribute to this submission. YCF is a special-purpose product unnecessary for most healthy toddlers. When consumed regularly, it can be filling and displace core foods from the diet, reducing appetite for nutrient-dense, iron-rich foods, and contribute to fussy or poor eating habits⁸. Additionally, it adds excess kilojoules and free sugars at a critical stage of dietary development,

contributing to weight trajectories that increase risk of developing obesity-related cancers⁷.

The World Health Organization and the Australian Dietary Guidelines are clear that these products are not required. This review is an opportunity to shift the regulatory balance, through stricter compositional limits, a prescribed name, stronger warning statements, restricted sales settings, and prohibition of misleading claims and imagery.

References

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