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**6 February 2026**

The Hon Ged Kearney MP Assistant Minister for Health and Aged Care (Chair, Food Ministers' Meeting) Australian Government

The Hon Mark Butler MP Minister for Health and Aged Care Australian Government

The Hon Dr Shane Reti Minister of Health New Zealand Government

Dear Ministers,

**Re: FSANZ Proposal P1058 – Nutrition labelling about added sugars**

The Australasian Metabolic Health Society (AMHS) is a multidisciplinary organization of health professionals - including doctors, dietitians, nutritionists, and health coaches - united by our concern for the deteriorating metabolic health of our communities. We work to promote evidence-based approaches to preventing and reversing metabolic disease.

We strongly urge you to keep FSANZ Proposal P1058 open at the Food Ministers' Meeting on **14 February 2025**.

### **The Metabolic Health Crisis**

Australia faces an unprecedented metabolic health epidemic. Over two-thirds of adults are overweight or obese. Type 2 diabetes affects 1.3 million Australians. Recent Australian data shows that non-alcoholic fatty liver disease now affects up to 39% of adults, with prevalence rising significantly over the past 15 years (1).

Most alarmingly, metabolic disease has become common in childhood. Globally, non-alcoholic fatty liver disease affects 13% of children in the general population, rising to 47% in children with obesity (2,3). This condition, virtually unknown in paediatric practice a generation ago, is now a leading cause of liver disease requiring transplantation in young adults. Children are presenting with type 2 diabetes, hypertension, and metabolic syndrome before reaching adulthood.

## **Added Sugar: A Potent Driver of Disease**

The scientific evidence is clear: added sugars are a potent driver of poor metabolic health. Unlike naturally occurring sugars in whole foods - which come with fibre, vitamins, and minerals - added sugars provide concentrated calories with minimal nutritional value.

Added sugars uniquely drive:

- Liver fat accumulation (fatty liver disease)
- Insulin resistance
- Visceral fat deposition
- Chronic inflammation

The distinction between added and intrinsic sugars is not semantic - it is metabolically significant. A whole apple and apple juice may contain similar total sugar, but their metabolic impacts are profoundly different.

## **Current Labelling Fails Consumers**

As clinicians managing metabolic disease, we counsel patients daily to reduce added sugar intake. Current nutrition labels make this impossible. The "total sugars" line cannot distinguish between:

- An apple (intrinsic sugars with fibre)
- Breakfast cereal with 30% added sugar
- Plain yoghurt (natural lactose) versus sweetened yoghurt
- Pasta sauce with 10g added sugar per serve

Our patients cannot make informed choices. Parents trying to protect their children's metabolic health cannot identify products with excessive added sugars.

## **An Evidence-Based Solution**

Added sugar labelling has been successfully implemented in the United States (2016). It is:

- Evidence-based and internationally proven
- Strongly supported by health professionals and consumers
- Essential for implementing dietary guidelines
- A straightforward path to transparency

Discontinuing P1058 would be a significant missed opportunity for preventive health. While we invest billions treating metabolic disease, we must also implement evidence-based measures that prevent disease in the first place.



The current generation of Australian children risks shorter, less healthy lives than their parents unless we address the dietary drivers of metabolic disease. Added sugar labelling empowers families to make healthier choices.

**We strongly recommend that Food Ministers keep FSANZ Proposal P1058 open and advance added sugar labelling as a public health priority.**

Yours sincerely,

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**On behalf of the Australasian Metabolic Health Society**

## References

1. Vaz K, Kemp W, Majeed A, et al. Non-alcoholic fatty liver disease prevalence in Australia has risen over 15 years in conjunction with increased prevalence of obesity and reduction in healthy lifestyle. *J Gastroenterol Hepatol.* 2023;38(10):1823-1831.
2. Lee EJ, Choi M, Ahn SB, et al. Prevalence of nonalcoholic fatty liver disease in pediatrics and adolescents: a systematic review and meta-analysis. *World J Pediatr.* 2024;20(6):569-580.
3. Li J, Ha A, Rui F, et al. Meta-analysis: global prevalence, trend and forecasting of non-alcoholic fatty liver disease in children and adolescents, 2000-2021. *Aliment Pharmacol Ther.* 2022;56(3):396-406.