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PERSPECTIVE

Guidance for introducing the Tobacco-Free Generation policy

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Abstract

This article serves as a guide to the Tobacco-Free Generation policy (TFG) for policy-makers, drawing on experiences of negotiations regarding TFG in a wide number of jurisdictions. It explains the underlying concept: the highly addictive nature of nicotine prompts policy focus on preventing initial use by forbidding sales to those born after a prescribed cut-off birthdate, while resisting prohibition for those in older cohorts who may already be nicotine-dependent. The policy signals that there is no safe age for tobacco products. We examine how to assess whether a jurisdiction is ready for TFG, and then, how to maximize its effectiveness. That involves considering preparatory steps. Implementation of TFG is discussed, including which tobacco or nicotine products should be covered, on which actions there should be focus, choice of a suitable cut-off birthdate, and the most helpful companion

measures. We also outline potential pushback from the tobacco industry and others, and indicate appropriate responses.

KEYWORDS

Cessation support, cut-off birthdate, nicotine-dependent, no safe age, retailer licensing, tobacco-free generation

Highlights

- Numerous jurisdictions are considering the Tobacco-Free Generation policy: TFG
- TFG protects future cohorts, with older nicotine-dependent cohorts unaffected
- A toolkit for policymakers to understand, prepare for and implement TFG
- It discusses products, cut-off birthdate, companion measures, likely pushback

1 | INTRODUCTION

The “simple yet profound concept”¹ of Tobacco-Free Generation policy (TFG) aims to “create a generational firebreak, an interruption in the recruitment of young new smokers into the ranks of the chronically hooked”,² without creating the hazards of denying nicotine to those already dependent on it. The policy has been gaining increasing traction, being taken up by jurisdictions small (Massachusetts towns) and large (United Kingdom).

This article serves as a brief TFG toolkit for legislators and their advisers, and all involved in tobacco policy formulation and implementation. It draws on experiences of negotiations regarding TFG in a wide variety of jurisdictions (usually unspecified, so as to respect confidentiality).

2 | THE CONCEPT

Although the rationale for TFG is explored in detail in the literature,³ here is a brief summary. For this, it is convenient to label as “tobacco” any commercial (non-pharmaceutical) tobacco-derived product (including those containing synthetic nicotine); in Section 4 below, we differentiate between such products.

First, the need for enhanced tobacco control is compelling.¹

Second, nicotine is highly addictive, limiting the impact of cessation efforts⁴ and making problematic denial of tobacco access to large numbers of nicotine-dependent people (with surges in illicit trade reported in Bhutan (2004)⁵ and South Africa (2020)⁶).

These constraints place greater emphasis on prevention of initiation. Since initiation is overwhelmingly confined to adolescents, awareness of their psychology is needed.⁷ Current age-based laws (encouraged by the tobacco industry)⁸ risk driving initiation by signalling an acceptable age for tobacco and nicotine use, and also signifying cigarettes as “a badge of coming of age”.⁹

In contrast, TFG communicates “no safe age” for tobacco use, forestalling initiation throughout the lifespan of those now too young to have already become dependent. This is achieved by reducing the availability of tobacco products to those born after a certain “cut-off” birthdate, while leaving older generations legally unaffected (“residualized”). The intent is that, over time, the cohorts of those residualized will age away from being youthful role models for new generations, thereby progressively denormalizing tobacco.

Precedents

Similar policies were introduced to counter opium-smoking early in the 20th century in the colonies of Formosa and Ceylon. Overall consumption declined by about 80% within 15 years.³

For tobacco, Balanga City in the Philippines introduced TFG in 2016 (cut-off date January 1, 2000). Its success can be gauged from nearby jurisdictions moving to adopt the policy, leading to tobacco industry litigation in 2018 that overruled the ordinance by appeal to national laws.¹⁰

In the USA, the Massachusetts town of Brookline passed a TFG by-law in 2020, which, despite tobacco industry litigation, was implemented in September 2021 (with a cut-off birthdate of January 1, 2000). Three years later, having overcome further industry legal challenges, TFG continues in place there, with eleven other Massachusetts municipalities adopting similar by-laws (cut-off of January 1, 2004).¹¹

3 | PREPARATION

We discuss favourable characteristics for the successful introduction of TFG.¹²

Use prevalence

As denormalization is a large factor in the working of TFG, it follows that the policy is most likely to succeed in locations with low initial prevalence and wide understanding of tobacco consumption harms. Numerous previous measures, such as those recommended by the Framework Convention on Tobacco Control (FCTC), may have reinforced this understanding. A relatively high current age limit receiving good compliance is a positive indicator.

Visibility

Helpful measures are those that lower the visibility of tobacco promotion and consumption, such as advertising/sponsorship bans (especially involving youth) and smoke-free zones in public places. Good adherence suggests public readiness for further policies.

Public support

Despite the risk of delaying formal political steps, it can be helpful if public opinion is surveyed. From Singapore in 2007 to Italy and UK in 2024,¹³⁻¹⁵ a dozen such surveys have consistently recorded general public support of around 70% or more for TFG, with higher youth support and majority support among those who smoke.

Retail licensing

As typical application of TFG primarily targets retail outlets, it is advantageous to have a system for licensing of vendors that is monitored and respected. This preferably requires active application (commonly, annually with fee) for a licence by the vendor. Thereby there is already a mechanism for

prosecution of unlicensed vendors, obliging them to consider regularly whether they wish to continue to sell tobacco; regular increases in licence fees can weigh into this decision. Consequent declines in the number of outlets (made easier by not permitting transfer of licences on change of premises or owner) can aid the denormalization of tobacco. (Several jurisdictions in the US have adopted such policies, in addition to a “no new licence” rule.)

A functional licensing scheme facilitates monitoring compliance of vendors once TFG is introduced. Licence fee revenue can be directed (hypothecated) to such purposes, along with heightened customs controls where relevant.

Vending machines

While in principle the technology exists to make vending machines compatible with TFG, the risk of circumvention makes it advisable to forbid tobacco sales from vending machines.

Industry presence and FCTC 5.3

Resistance to TFG is likely to come from the tobacco industry in various guises, especially when the jurisdiction is involved in the production of tobacco products, or when short-term budgetary costs are alleged, despite clear long-term gains from reduction in tobacco consumption.¹⁶ Nevertheless, the example of the British TFG legislation shows that political will can overcome such hurdles.

It is important that all persons involved in policy formulation are well acquainted with their obligations under FCTC Article 5.3 and its guidelines (where nationally applicable), to avoid tobacco industry participation in the process¹⁷ Resistance to invocation of Article 5.3 is to be expected from the tobacco industry.¹⁸

4 | FORMULATION

The general TFG label accommodates a number of variations, according to local history, social norms and political requirements.

Products

There has been diversity in the choice of products to which a TFG policy might apply, largely according to local stances on electronic nicotine delivery systems (ENDS). Jurisdictions (such as New Zealand, United Kingdom) with more favourable views of ENDS have tended towards Smoke-Free Generation approaches that target (most or all of) cigarettes, combustibles (incl. cigars, cigarillos, pipes), and shisha/waterpipes. However, initial hopes that e-cigarettes would enable dramatic harm reduction have faded as “alarming evidence on their adverse population health effects is mounting”.¹⁹ Accordingly, Nicotine-Free Generation (NFG) policies (as in US jurisdictions) also include e-cigarettes, vapes, heat-not-burn devices, and usually such non-inhaled products as chewed tobacco, snus and pouches. North American policies may exclude tobacco for indigenous, ritualistic use.

Forbidden actions

Again, there are various options. As well as targeting retail sale, the policy may address commercial supply (including free samples). More controversial is social supply by friends and family in a private setting where there are obvious enforcement challenges.

Even more questionable are purchase, use and possession (PUP) laws that shift the target to the victims of tobacco usage, and are accordingly often promoted by the tobacco industry. In addition to difficulties of enforcement, they can lead to resistance from communities who feel at risk of being preferentially targeted by enforcement officers (also an issue for social supply laws).²⁰

Media framing

Media references to TFG frequently abet the targeting/stigmatization of tobacco's victims by speaking of people being legally prevented from purchasing tobacco, or of a smoking ban, despite TFG legislation and enforcement targeting the purveyors of products.

Another unfortunate media misrepresentation refers to TFG not as birthdate-based but as a minimum age law changing annually (the relevant age actually changes daily); emphasis on age risks dilution of the policy's important messaging discussed above.

Dates

Choice of cut-off birthdate is delicate for TFG formulation. One seeks a birthdate that sustainably achieves positive results relatively quickly while largely minimizing the number of those born after the cut-off birthdate who are already nicotine-dependent.

Precise determination of this optimal date rests on the age distribution of those deemed nicotine-dependent (for example, by daily smoking or vaping). It also considers the strength of cessation provisions. If it is intended to allow prescription-based access to "therapeutic" standardized ENDS (as in Australia)²¹, then that permits a less recent cut-off date.

Political considerations may also affect the timing.

Hypothetical example

To illustrate the subtleties, let us consider a jurisdiction with the following dependence-birthdate profile in 2025. The horizontal axis measures the birthdate (from the year 2000), while the vertical axis measures the percentage of the cohort with that birthdate that is dependent. The lower left curve relates to smoked products and the upper right curve is for ENDS.

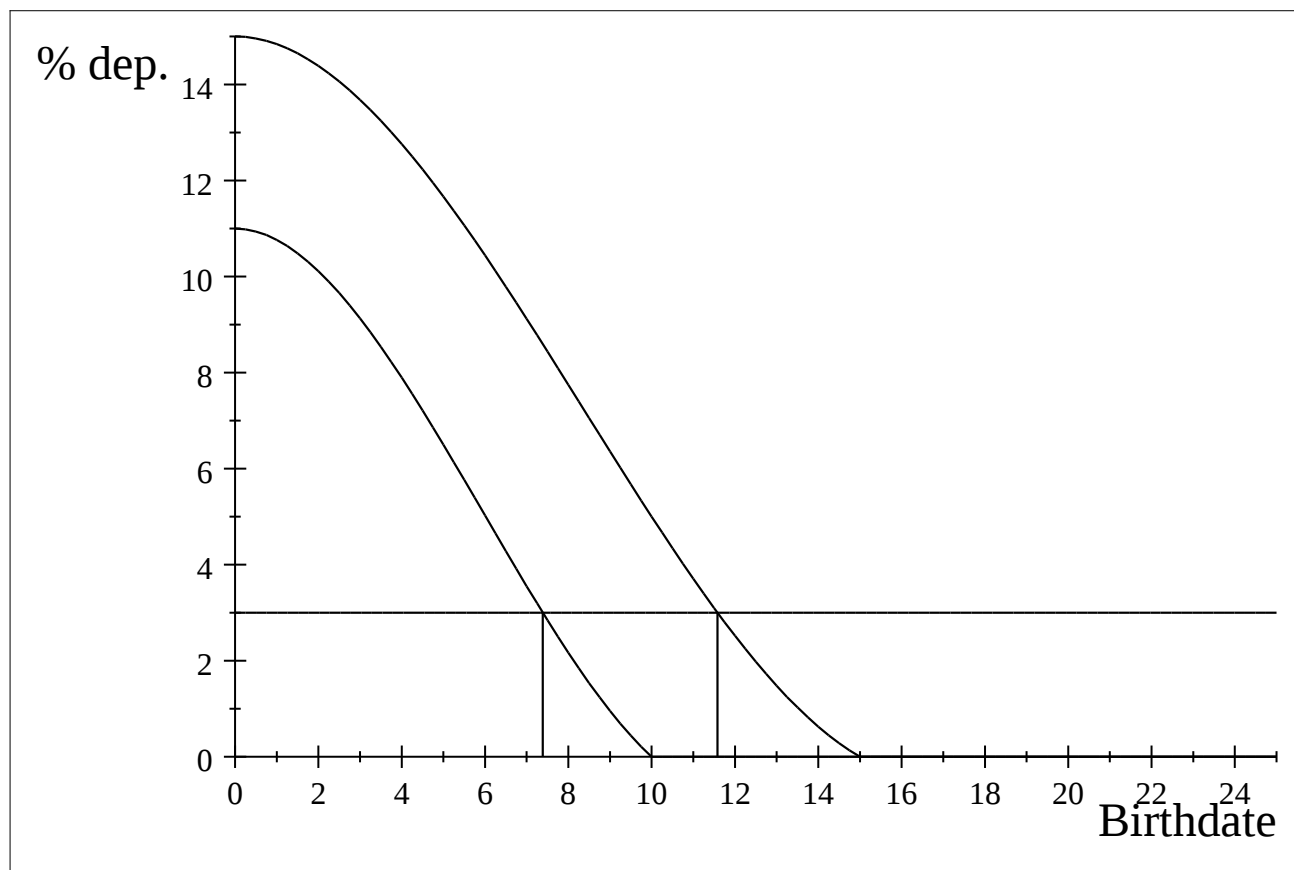


Figure 1. Dependence-Birthdate Profile (2025)

Suppose it is reckoned that cessation services are adequate to accommodate 3% of the those born in the cut-off birthdate year (and correspondingly fewer born in subsequent years) being nicotine-dependent at the time the TFG policy goes into effect. Then the graph indicates 2008 as an appropriate cut-off birthdate for smoked products and 2012 for ENDS. Obviously, stronger cessation support enables an earlier cut-off date.

Penalties

One possibility to establish deterrence is to require a substantial deposit from retail licensees refundable on relinquishing an unblemished licence, but forfeited following sale to someone born after the cut-off birthdate. Some jurisdictions insert a clause that it is a defence for the vendor if they can reasonably plea to having been misled about the customer's birthdate because of the customer's fraudulent actions.

Especially initially, rigorous monitoring with significant, conspicuous, penalties for infringement is considered likely to enhance retailer compliance.

Companion measures

A number of practices can facilitate successful implementation of TFG. To ensure adequate funding, licensing fees and infringement penalties can subsidize enforcement costs.

Excise duties are considered an effective means of reducing tobacco demand. However, there is a level where their increase can lead less affluent communities to feel that the financial consequences have become unduly discriminatory, and seek alternative measures like TFG. In New Zealand, the

Māori community (with relatively high smoking prevalence) strongly promotes TFG, predicted to lead to more than five-fold health gains to Māori compared to non-Māori.²²

The difficulty of controlling social media means that in the first few years (when the age gap between the tobacco-free generation and older cohorts is not yet significant) there may be some demand for online sales. Inasmuch as motivated by curiosity or adventure rather than addiction, it is unlikely to present a serious challenge. Nevertheless, thought should be given to how to inhibit this, for example by customs inspections to curb imports.

Arguably the most effective inhibitor of demand within the tobacco-free generation is propagation of the message that, because there is no safe age for consumption, there will be a whole-of-life restriction of supply.⁷ Publicity campaigns can be mounted to promote this message, with young role models (sportspeople, entertainers, medical students), as well as young people describing their own nicotine addiction battles.

Endorsements by public health bodies and practitioners are most needed when convincing lawmakers of the policy. On the other hand, older authority figures are not necessarily helpful in persuading vulnerable young people to shun products marketed at youth.

Other measures that make useful accompaniments to TFG, in that they also contribute to the denormalization of tobacco use, include the following.

Point-of-sale display and retail outlet number and density restrictions (especially near educational institutions) aim to reduce temptations directed at adolescents.

Standardized packaging of cigarettes, together with graphic health warnings, offers a way of maintaining the health messaging.

With increasing evidence of harms caused by ENDS, more jurisdictions are looking to control their supply. In particular, from 2020 the US Food and Drug Administration restricted the sale of all unauthorised flavoured cartridge-based e-cigarettes other than tobacco and menthol flavours.²³ After discovering that vaping products labelled as “nicotine-free” overwhelmingly do contain nicotine – often in alarming quantities –, Australia has banned youngster-tempting flavours and packaging, and limits sales to pharmacies only (with prescription and/or counselling); this allows sales, accompanied by cessation advice, to those already addicted, but reduces the risks of initiation for those not nicotine-dependent.²⁴

Importantly, all denormalization efforts, including TFG’s, are likely to lead to increased demand for cessation services. Again, this needs financial provision.

Other measures

Measures requiring careful circumspection are those that, contrary to TFG, are likely to leave many nicotine-dependent people urgently seeking alternative sources not readily available legally or of questionable safety. Denicotinization of cigarettes falls into this category, as would sudden prohibition for other than small localities. Given the natural tendency for people to postpone action to overcome their addiction until the last possible moment, supply strategies announcing a future date for prohibition of all sales also risk leaving many individuals unprepared for rupture of their dependency.

5 | PUSHBACK

Advocates of TFG can expect opposition from a variety of sources.

Perhaps surprisingly, scepticism may be voiced by those in the public health sector who are established advocates of an alternative strategy. However, as noted above, most of these strategies (other than those that take nicotine away from those dependent on it) are synergistic with TFG.

More predictably, as the policy represents an existential long-term threat, opposition is to be expected from the tobacco industry, directly or through surrogates. A common indirect vehicle consists of retailer associations funded or created by the tobacco industry for that specific purpose. Where there is a public consultation, retailers will be urged by the industry to protest their imminent loss of livelihood (despite evidence to the contrary).²⁵ A revealing example occurred in Tasmania, Australia where in 2015 manufacturers pressed all tobacco retailers to email a public consultation in protest against a TFG proposal; yet fewer than 4% did so. In Brookline, Massachusetts, which has had an NFG policy in place since 2021, no tobacco retailer has closed as of 2024.

In common with tactics against previous advances in tobacco control, the industry can be expected to claim a potential spike in demand for illicit tobacco as a consequence of TFG, despite TFG being framed precisely to minimize the issue by avoidance of denial to the nicotine-dependent.

There may be threats of legal challenges, typically over the matter of alignment with higher jurisdictions' laws or constitutions, claiming that the law affects adults whereas the higher body intended that only minors be subject to tobacco control,¹⁰ that only the higher body was empowered to impose a birthdate restriction,¹¹ or that there was a constitutional objection to using birthdate to divide the population into two classes.²⁶ At a national level, threats of (fanciful) compensation claims are foreseen in the USA;²⁷ while in Denmark supranational obstacles have been alleged.²⁸

A frequent, superficial, industry meme is that in decades to come there will be, say, a nonsmoking 40-year-old beside a smoking 41-year-old in line at a retailer, but only the older can be sold cigarettes. That hypothetical situation feels novel in 2024, just as smoke-free zones did in decades past before they were adopted. Consider how the two customers themselves might view this situation: on the one hand, very few commence smoking after their early '20s, while on the other the great majority of 41-year-olds who smoke regret doing so. Because of that regret, public opinion surveys commonly reveal that a significant majority of parents who smoke support TFG in order to protect their children from falling prey to dependency.

A related plea protests the unfamiliarity of retailers having to check the birthdate of an adult customer. In the US, tobacco retailers are already obliged to do that for anyone under thirty.²⁹

Another media-oriented argument is that of "forbidden fruit" appealing to youth. Evidence suggests that it is minimum age laws that encourage that sentiment, whereas the "no safe age" message of a whole-of-life restriction discourages it.⁷

Claims will be made that other substances or pollutants that attract more publicity should be prioritized for legislative attention, overlooking that tobacco's much larger toll tends to occur out of the public eye. Then there are "thin end of the wedge" claims made to oppose most reforms: each substance, and each reform, should be assessed on its own merits.

More esoteric are philosophical arguments that derive from libertarianism (naturally promoted by the tobacco industry), or the 1850s liberalism of JS Mill. Given Mill's vehement opposition to slavery,

his attitude to addiction would likely have been more nuanced than often assumed.³⁰ In general, appeals to philosophical principles need to be subject to tests of proportionality and consistency.³

Overreach

One tactic employed by the tobacco industry is to encourage some public figures to adopt a stance that antagonizes others, such as advocacy of PUP penalties discussed above.

Some may yearn for a more “quick fix” solution than TFG. However, intuitively appealing measures that cannot be sustained (because for example of their effect on those dependent on nicotine) can prove counterproductive. Actions that in operation are seen to be too mild can subsequently be ratcheted up (as for the evolution of smokefree zones over the decades), while those that are perceived as draconian may provoke a reform-retarding backlash.

“Compromises”

To diffuse public pressure for TFG, the tobacco industry may propose raising the current minimum sale age. Although presented as a compromise, in reality it denies the whole rationale for TFG discussed above and thus represents a relatively marginal advance.

Another industry tactic is to press for a prolonged consultation process (“waiting for further evidence”) to delay action until a change of government, or to influence key leadership individuals.

6 | CONCLUSION

Although simple in concept – allow sales, accompanied by cessation advice, to those already addicted, but reduce the risks of initiation for those not nicotine-dependent – the Tobacco-Free Generation policy’s birthdate-based sales restriction and associated denormalization requires thought before its introduction. The guidelines described here can help to indicate whether a jurisdiction is ready for its introduction, the particular policy variant that is most suitable for adoption, what companion measures can optimize its effects, implementation issues, and potential political obstacles. It can thus serve as a useful tool for those involved in formulating and implementing policy in the area of tobacco control.

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CONFLICT OF INTEREST STATEMENT

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ETHICS STATEMENT

No human or animal subjects were used in the production of this piece, and there is therefore no ethics approval required.

REFERENCES

1. Koh HW, Fiore MC. The tobacco endgame begins. *Health Affairs Forefront*. May 7, 2024. <https://doi.org/10.1377/forefront.20240429.131810>.
2. Kessler DA, Natanblut SL, Wilkenfeld JP et al. Nicotine addiction: A pediatric disease. *Journal of Pediatrics*. 1997;130:518-524.
3. Berrick AJ. The tobacco-free generation proposal. *Tobacco Control*. 2013;22(Suppl 1):i22-26.
4. VanFrank B. Adult Smoking Cessation — United States. *MMWR Weekly* 2024;73:633-641.
5. Givel M. Tobacco policymaking and administration in Bhutan from 1991 to 2009. *International Journal of Public Administration*. 2011;34(12):775-782. <https://doi.org/10.1080/01900692.2011.597479>.
6. Filby S, van der Zee K, van Walbeek C. The temporary ban on tobacco sales in South Africa: Lessons for endgame strategies. *Tobacco Control*. 2022;31(6):694-700. <https://doi.org/10.1136/tobaccocontrol-2020-056209>.
7. Berrick J. Drawing on adolescent psychology to achieve tobacco-free generations. *Public Health Reviews* 2022;43:1604321. doi: 10.3389/phrs.2022.1604321
8. Kress M. Altria CEO Addresses Pressing Tobacco Issues. *Convenience Store News*. 2016. Available at: <https://csnews.com/altria-ceo-addresses-pressing-tobacco-issues>. Accessed September 18, 2024.
9. Kwechansky Marketing Research Inc. Project 16. Report for Imperial Tobacco Limited. 1977. <http://legacy.library.ucsf.edu/tid/jyj51f00>. Accessed September 18, 2024.
10. de Leon K, Sarita JT. (2020). The Philippines: Pioneering the tobacco endgame. *Tobacco Control* January 13, 2020. <https://blogs.bmj.com/tc/2020/01/13/the-philippines-pioneering-the-tobacco-endgame/>. Accessed September 18, 2024.
11. Silbaugh K, Del Valle L, Robertson C. Toward a Tobacco-Free Generation — A birth date–based phaseout approach. *New England Journal of Medicine*. 2024;390(20):1837-1839.
12. Bostic C, Bianco E, Hefler M. Progress, challenges and the need to set concrete goals in the global tobacco endgame. *Rev Panam Salud Publica*. 2022;46:e118. <https://doi.org/10.26633/RPSP.2022.118>.
13. Khoo D, Chiam Y, Ng P. Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000. *Tobacco Control*. 2010;19:355-360.
14. Scala M, Lugo A, Gallus S. Support for smoke-free generation strategies in Italy. *The Lancet Regional Health Europe*. 2024;44:101013 September 2024. <https://doi.org/10.1016/j.lanepe.2024.101013>.
15. Newton S. Charities call on next government to revive ban on smoking ‘as priority’. *The Independent*. June 3, 2024. <https://www.independent.co.uk/news/uk/home-news/charities-smoking-ban-priority-b2555467.html>. Accessed September 18, 2024.
16. Landman Economics. The impact of smoking, heavy drinking and obesity on employment prospects, earnings and productivity: analyses using UK panel data 2023.

<https://ash.org.uk/uploads/CrossRiskFactorTechnicalReportV3.pdf?v=1700757987>. Accessed September 18, 2024.

17. WHO. FCTC Knowledge Hub for Article 5.3. 2022.

<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/TIInterference>. Accessed September 18, 2024.

18. Chapman M. Revealed: Big Tobacco's campaign to undermine UK generational smoking ban.

<https://www.theexamination.org/articles/revealed-big-tobacco-s-campaign-to-undermine-uk-generational-smoking-ban> June 29, 2024. Accessed September 18, 2024.

19. WHO. Electronic cigarettes: call to action. December 14, 2023.

<https://www.who.int/publications/m/item/electronic-cigarettes---call-to-action>. Accessed September 18, 2024.

20. Action on Smoking & Health. Perfection versus progress: Malaysia's Generational End Game Bill. 2023.

<https://ash.org/perfection-versus-progress-malaysias-generational-end-game-bill/>. Accessed September 18, 2024.

21. Australian Government Department of Health and Aged Care. New laws for vapes.

<https://www.health.gov.au/vaping/new-laws>. July 1, 2024. Accessed September 18, 2024.

22. Hoek J. New Zealand is introducing law to create a smokefree generation. Here are 6 reasons to support this policy. *The Conversation*. July 26, 2022. [https://theconversation.com/new-zealand-is-introducing-law-to-create-a-smokefree-generation-here-are-6-reasons-to-support-this-policy-](https://theconversation.com/new-zealand-is-introducing-law-to-create-a-smokefree-generation-here-are-6-reasons-to-support-this-policy-186283)

[186283](https://theconversation.com/new-zealand-is-introducing-law-to-create-a-smokefree-generation-here-are-6-reasons-to-support-this-policy-186283). Accessed September 18, 2024.

23. Li D, Ossip DJ, Bansal-Travers M, Xie Z. Impact of the FDA flavour enforcement policy on flavoured electronic cigarette use behaviour changes. *Tobacco Control*. 2022;31:s176-s183.

24. Therapeutic Goods Administration. New vaping laws commence 1 July 2024.

<https://www.tga.gov.au/news/media-releases/new-vaping-laws-commence-1-july-2024> Accessed 6 September 6, 2024.

25. Wood L. Tobacco mythbusting—tobacco is not a major driver of foot traffic in low socio-economic small retail stores. *Tobacco Control*. 2021;31(6):754-757.

26. Maa J, Bostic C, Berrick J, Daynard R, Green T. The Massachusetts Supreme Court upholds Brookline's Tobacco Free Generation legislation *Tobacco Control*. 2024;33:422-424.

<https://doi.org/10.1136/tc-2024-058835>.

27. Gostin LO. Pursuing a smoke-free generation. *Science*. 2024;384(6698):828.

<https://doi.org/10.1126/science.adq5006>

28. Szumski C. EU laws block Danish Government's nicotine ban. Euractiv (April 6, 2022).

https://www.euractiv.com/section/politics/short_news/eu-laws-block-danish-governments-nicotine-ban. Accessed September 18, 2024.

29. Food and Drug Administration. FDA issues final rule increasing minimum age certain restrictions tobacco sales. 2024.

<https://www.fda.gov/news-events/press-announcements/fda-issues-final-rule-increasing-minimum-age-certain-restrictions-tobacco-sales>. Accessed September 18, 2024.

30. Ali SM. Smoking & autonomy: the generational tobacco endgame. *Monash Bioethics Rev.* October 3, 2024. <https://doi.org/10.1007/s40592-024-00207-0>.

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