

Models and Theories: How We Understand Responsible Gambling

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Editor's note: *This op-ed about the application of models and theories to our understanding of responsible gambling was written by Howard Shaffer, Morris E. Chafetz Associate Professor of Psychiatry in the Field of Behavioral Sciences at Harvard Medical School and Distinguished Faculty at the Division on Addiction at Cambridge Health Alliance; Robert Ladouceur, Professor Emeritus in the School of Psychology at the Université Laval; and Alex Blaszczynski, Professorial Research Fellow & Co-Director of the Gambling Treatment & Research Clinic, Brain and Mind Centre, at the University of Sydney. This op-ed is part of this month's [Special Series on Theories of Addiction](#).*



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A Public Health Model operates by informing our understanding of the distribution and determinants of diseases and disorders (e.g., gambling disorder, substance use disorder, etc.) within the community and across target populations. This approach encourages the development of evidence-based prevention programs that can influence the behaviors of whole populations rather than targeting individuals. The Reno Model, a complementary component to the Public Health Model for responsible gambling, offered the first organized science-based approach to guide stakeholders as they developed and implemented a host of gambling-related activities that aim to reduce the [prevalence](#) and prevent the [incidence](#) of gambling-related harm (Blaszczynski, Ladouceur, & Shaffer, 2004; Shaffer,

Blaszczynski, Ladouceur, Collins, & Fong, 2019).

Recently, some pundits have criticized the Reno Model expressing preference for a Public Health Model as a “better” framework to achieve the objectives of responsible gambling. Unfortunately, these and other academics have failed to understand the differences between strategic and tactical approaches for preventing and reducing the incidence and prevalence of gambling-related harms (Blaszczynski et al., 2011; Collins et al., 2015; Ladouceur, Blaszczynski, Shaffer, & Fong, 2016; Shaffer, Ladouceur, Blaszczynski, & Whyte, 2015). As we describe in the following discussion, a Public Health Model is, typically, a strategic approach to gambling-related problems. The Reno Model is more of a tactical approach. Rather than advocating for one model over the other, a more appropriate starting point is to determine whether a model can suitably fulfill the stated purpose that it represents. In this regard, we want to highlight that both the Reno Model and Public Health Model are **MODELS**. It is important to clarify the concept of a model. Models attempt to depict the relationships between worldly events and the concepts that might explain them. A model is not as complete as a theory. Models are absent some elements of theory. Like theories, models offer a framework for generating testable hypotheses that can provide empirical evidence to confirm/disconfirm hypotheses. As applied to gambling, the public health model targets population-level problems and provides guidance for individuals and governments as they plan to respond to these difficulties. In contrast, other responsible gambling models - like the Reno Model - focus on at-risk groups and provide guidance for individual players, gambling operators, and governments.

Currently, both the public health and the Reno models provide touchstones along a path to a more complete understanding of gambling-related problems and how to prevent and treat them. There are important distinctions and overlap between these two models that make them complementary and not competitive. Models can be strategic and/or tactical. When a model targets the “what” of a problem, it is strategic. When a model targets the “how” of problem solving, it is tactical. Public Health models are more strategic than the Reno Model. The Reno Model, on the other hand, is more tactical than the Public Health Model. Strategies are designed to identify and define long-term goals that incorporate plans and initiatives that stakeholders systematically implement to achieve targeted objectives and outcomes. For example, the Public Health Model strategically guides primary, secondary and tertiary interventions for population segments that

evidence various levels of risk associated with an array of determinants that adversely influence health. The Reno Model translates this strategy into activities that can prevent the incidence and reduce the prevalence of gambling-related problems empirically. Thus, tactics represent singular or multiple sets of activities that work in combination toward achieving those strategic objectives and outcomes.

We can view a public health approach toward gambling as a model that provides a set of strategies for establishing (1) the incidence and prevalence of gambling-related harms, and (2) the determinants responsible for influencing the distribution of such harms. This public health strategy invites the application of specific tactics (e.g., sampling, research methodologies and procedures, and measurements) to gather data that can inform appropriate policy responses and the development of responsible gambling programs to reduce the incidence and prevalence of gambling-related harms. The Reno Model builds upon this architecture by offering tactical principles and guidelines that key stakeholders can follow as they implement their respective responsible gambling initiatives.

Crucially, one must not assume that public health strategies or Reno Model activities are effective simply because their stated intentions or tactics appear sensible. There is a need for these models to be evaluated repeatedly using empirical data that can validate or question underlying concepts, syntax and semantics. Unfortunately, in their attempts to advance models, many pundits limit empirical evaluation or, even worse, ignore the evidence completely by substituting opinion and belief for fact.

There are two important questions upon which to reflect. First, are the public health and Reno models incompatible and divergent in their fundamental premises? Second, do the public health and Reno models seek to achieve different objectives? Unfortunately, during recent years, some academics (e.g., Hancock & Smith, 2017) have criticized the Reno Model alleging that it is less integrative and useful than the Public Health Model. However, opinions need to be set aside and replaced with systematic and rigorous scientific evaluations that can determine the effectiveness of each model.

Any program of evaluation needs to consider that these two models are not separate and competitive: they are two distinct, interactive and complementary models. Although both are models, the Public Health Model provides a strategic

roadmap for developing activities that can prevent the incidence and reduce the harms associated with gambling. Once a strategy for preventing and reducing harms is selected, then stakeholders can select and implement responsible gambling programs and initiatives. Concomitantly, the Reno Model represents a tactical subset of the global strategic Public Health Model. We encourage BASIS readers to discount criticisms based on opinions and erroneous interpretations and accept the premise that the Reno model is complementary to the Public Health Model by offering tactical principles and guidelines capable of achieving the common goal of all stakeholders: minimize gambling-related harms by preventing the incidence and reducing the prevalence of these problems (Shaffer, Ladouceur, & Blaszczynski, in press).

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