COMMENTARY

Twenty Years of Responsible Gambling: The Science-Based Glass is Half Full

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More than 20 years ago a group of scholars, gambling executives, and scientists gathered in Reno, Nevada to examine gambling activities in general and the adverse consequences associated with gambling in particular (Blaszczynski et al., 2004). This group established the goal of finding guidelines, processes, and procedures to achieve the objective of determining strategies and activities that could reduce the prevalence of gambling-related harms and prevent its incidence. This work became known as the Reno Model, a blueprint for achieving effective responsible gambling (RG) outcomes. Soon, after the meeting, different gambling-related organizations and operators began to adopt the Reno Model and integrate it into existing and new gambling policies around the world.

Despite the clearly stated objectives of RG, many operators claimed the adoption of the Reno Model without subsequently empirically evaluating the impact of activities that stakeholders presumptively considered responsible gambling. One striking example is the widely used logo "Play Responsibly," adopted by many operators around the world who printed or displayed this message on many gambling products, brochures, and venue signs. Fortunately, some international organizations insisted on more empirical evidence to meet different levels of RG certification, such as the World Lottery Association (e.g., https://www.world-lotteries.org/services/industry-standards/responsible-gaming-framework/principles). Unfortunately, this context provided opportunities for many operators to adopt a variety of purported RG initiatives without developing sound and rigorous strategies to assess their impact. Furthermore, this situation set the stage for some scientists, and laypeople alike, to make questionable claims (e.g., Handcock & Smith, 2017) about RG and the activities that are associated with RG (e.g., long-term effects of voluntary self-exclusion or the use of various pamphlets to self-assess patrons' gambling activities). Taking into account the short time period since the emergence of RG, and the dramatic expansion of legalized gambling, some scientists strongly questioned the claims of stakeholders regarding the positive effects of RG (e.g., Williams, West, & Simpson, 2012).

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A close look at the title of the original Reno Model paper (Blaszczynski et al., 2004) and subsequent Reno Model publications (e.g., Hancock & Smith, 2017; Ladouceur et al., 2016; Shaffer et al., 2015) indicate that the "A Science-Based Framework for Responsible Gambling" an empirical/scientific perspective has not been the focus of much scientific attention. Keeping in mind that the impact of any "RG program" is limited to what empirical evaluation outcomes indicate, scientists might question some claims that various stakeholders make about the efficacy of some RG initiatives in the absence of objective data/evidence. Very few evaluations of RG initiatives or programs have been focused on the key indices and pivotal metrics of RG. Again, the objective of RG is to prevent the incidence and reduce the prevalence of gambling-related harms and problems. By focusing on the prevention of incidence, the core elements of the Reno Model's RG approach achieve the consequential prevalence reduction of gambling-related harms. This view fundamentally is consistent with a public health strategy (Shaffer & Korn, 2002; Shaffer et al., 2020).

These objectives should form the foundational cornerstone of gambling-related research and evaluation. Furthermore, evaluation studies conducted to date very often use "proxy"-dependent measures instead of core indices or pivotal assessment methods to provide evidence for RG efficacy.

Until the field adequately defines and uses appropriate metrics to obtain central empirical data, it is too easy for stakeholders to questionably conclude that they have implemented an effective and efficient RG program.

Much work remains to be done. Complicating this task, RG workers must identify measures that best reflect gambling-related problems. Further, these measures must be applied consistently so that these are fundamentally correlated with gambling-related problems and harms. In sum, currently, there has been considerable discussion about RG, but little or no evaluation necessary to provide a foundation of evidence for which activities work best to prevent its incidence and therefore which RG activities work best to reduce the prevalence of gambling-related harms. Finally, it is essential to conduct an evaluation with reliable and valid measures to avoid inadvertently increasing gambling-related harms.

Declarations

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