

WHAT IS MEANT BY THE RENO MODEL

- **“strategic framework that sets out principles to guide industry operators, health service and other welfare providers, interested community groups, consumers, governments and their related agencies in the adoption and implementation of responsible gambling and harm minimization initiatives”.**

The Reno Model advocates for:

1. Socially responsible policies to be founded on sound **empirical evidence**.
2. A **collaborative coalition** of key stakeholders to reduce the potential harms associated with gambling as well as maximizing its potential benefits.
3. A need for **conceptual clarity** to define gambling-related harm and agreement on ways to measure them.
4. A need for **consensus** regarding the parameters of responsible gaming.
5. Clarifying the **ethical underpinnings** of “informed choice”, “duty to care” and overall “harm minimization”.
6. A need to **empirically test** the agreed upon **assumptions** as well as identification of **optimal approaches** for various risk categories in the general population and target groups.
7. The identification of “**good news stories**” to illustrate the potential benefits of a collaborative approach.
8. The development of a **cooperative research agenda**. Who should support and/or conduct what?

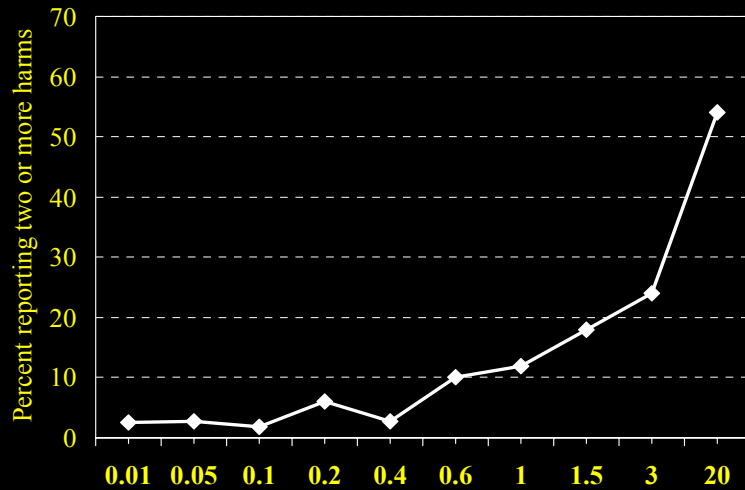
Shaffer et al:

- A commitment to the RENO model ultimately is **a pledge to base program** development, maintenance and evaluation **on the use of scientific principles** and methods, empirical evidence, well-constructed scientific theory, including competing theories. **The RENO model values differences of opinion**; these different points of view will create the **essential tension** necessary to drive the development of new and more scientific investigations that will advance knowledge.

What is Responsible Gambling?

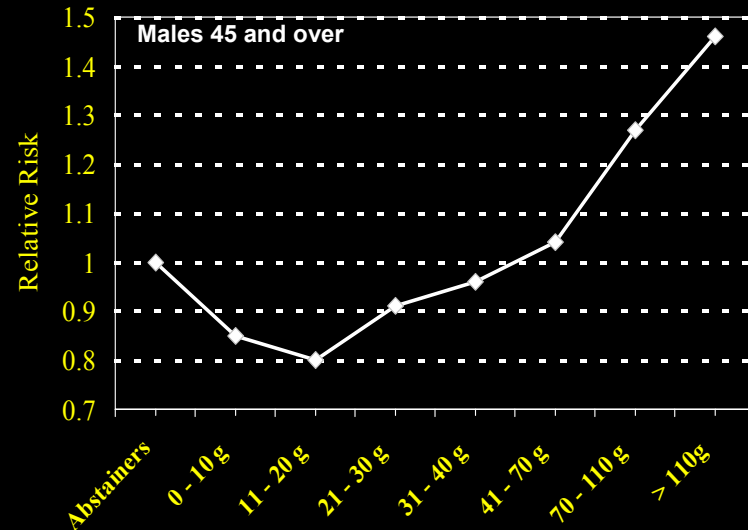


Percent monthly income spent on gambling activities and harm



Source: Alberta Gambling Prevalence Study (2002)

Average daily alcohol consumption and risk of all-cause mortality



Source: Babor et al. (2003)

What is Responsible Drinking?



WHO Framework for evaluating alcohol control and harm reduction policies (Babor et al., 2003)

Strategy	Effectiveness	Research base	Cost to implement	Canadian adoption
Minimum purchase age	+++	+++	Low	18 - 19 years, (between Europe and US)
Public monopoly of retail sales	+++	+++	Low	- All provinces except AB & QC
Restricting hours/days of retail sales	++	++	Low	- Strict in most provinces except AB - Getting more lax
Low BAC limits	+++	+++	Low	- 0.08, in line with most countries
Taxation	+++	+++	Low	- 52% of beer and 81% of spirits price is tax. 3 rd highest rate in the world
Brief interventions for hazardous drinkers	++	+++	Moderate	- No systematic training in brief interventions for health professionals
Responsible beverage serving training	+	+++	Moderate	- Only in 3 provinces (AB, BC, & ON); mandatory in AB
Alcohol education in schools	0	+++	High	- Integrated in health curriculum in many schools; CALM in AB.
Warning Labels	0	+	Low	- Being considered in Canada

WHO Framework Convention on Tobacco Control

Intervention	Effectiveness	Research Base	Comments	Canadian adoption
Taxation	- Each 10% increase in the price of cigarettes reduces smoking by 4%	Very strong	- Largest impact on low income/SES smokers and youth	- Rate of taxation one of the highest in the world
Restrictions on smoking	- Complete on smoking in public places lead to 5%-15% reduction in smoking	Strong	- Concerns over lost business to restaurants/bars unfounded	- MB and NB first provinces to institute province-wide smoking ban for public places.
Packaging restrictions	- Not assessed	Weak	- Ban tobacco companies from misleading product information	- Canada considering ban on on "light" "mild" labels
Warning labels	- One peer-reviewed study suggests Canadian graphic labels lead to reduction in smoking and quitting.	Weak	- Needs more research.	- Canada taking the lead on large graphic labels
Bans on advertising and sponsorship	- Potential to reduce tobacco consumption by 6%	Evidence being collected	- Partial bans are ineffective; complete bans are needed.	- Introduced 1998; complete ban in Oct. 2003.

Lessons to be Learned from Alcohol and Tobacco Control Policies

- Taxation is the most cost-effective control strategy overall.
- Control and harm reduction policies need to be stricter for youth.
- Policy enactment without policy enforcement is ineffective.
- Industry needs to be a willing and cooperative stakeholder.
- Empirical support and cost-effectiveness are critical dimensions to plan and evaluate policy development.
- Harm reduction does not always equal revenue reduction.
- Regular monitoring is necessary to evaluate the impact of policy decisions over time.