

Cultural adaptation of the lower-risk gambling guidelines: Reflections from the Finnish experience







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COMMENTARY



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ABSTRACT

The Lower-Risk Gambling Guidelines (LRGG) represent a milestone in translating empirical evidence on gambling-related harm into public health guidance. As they are implemented internationally, contextual adaptation is essential to ensure relevance and effectiveness. This commentary discusses Finland's adaptation, which adjusted the expenditure threshold from 1% of household gross income to 2% of personal net income. Drawing on Finnish research, we argue this modification will enhance acceptability and adoption among people who gamble while adhering to the strong evidence base underlying the original Canadian LRGGs. The Finnish experience highlights how the LRGGs can be adapted without undermining their scientific foundation.

KEYWORDS

lower-risk gambling guidelines, gambling harm, public health, cultural adaptation, Finland, gambling policy

INTRODUCTION

The Lower-Risk Gambling Guidelines (LRGG) are an evidence-based public health tool designed to help individuals minimize the risk of gambling-related harm. Developed in Canada through a decade-long, multi-method research initiative (Currie, 2019; Hodgins et al., 2023; Young et al., 2021, 2022), the LRGG mark a paradigm shift away from vague “responsible gambling” messaging (Mouneyrac, Le Floch, Lemerrier, Py, & Roumegue, 2017) toward empirically defined consumption limits. Such population-level communication aligns with broader public health approaches emphasising the wide spectrum of gambling harms beyond clinical disorder (Wardle et al., 2024).

While the LRGG were derived from a large body of international data, their implementation across diverse cultural and regulatory environments requires contextual

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adaptation. This commentary focuses on the Finnish adaptation process, illustrating how evidence-based thresholds can be tailored to improve cultural resonance and policy feasibility. This translational orientation is consistent with international research priorities emphasising improved measurement, longitudinal evidence, and the development of evidence-based clinical and policy frameworks for gambling harm prevention (Bowden-Jones et al., 2022).

DEVELOPMENT OF THE LRGG IN CANADA

The Canadian LRGGs were established through multiple phases of research combining systematic reviews, quantitative statistical modelling, and stakeholder consultations (Allami et al., 2021; Currie et al., 2020; Flores-Pajot et al., 2021; Hodgins et al., 2023; Young et al., 2022). The combined analyses identified gambling engagement levels associated with a substantially increased risk of harm. Consequently, the LRGG recommend that individuals should:

1. Spend no more than 1% of monthly household gross income on gambling, and
2. Gamble on no more than four days per month, and
3. Avoid regularly participating in more than two types of gambling.

These thresholds reflect the increase in relative risk for gambling-related harm beyond these points, as confirmed across multiple population datasets (Hodgins et al., 2023). Importantly, the guidelines acknowledge that individuals with existing vulnerabilities—such as a history of mental health or substance use problems—may face elevated risk even below these thresholds and should consider gambling even less than that recommended by the guidelines or abstaining completely. Additionally, for individuals with a personal or family history of gambling problems, these limits may not be suitable.

RATIONALE FOR CULTURAL ADAPTATION IN FINLAND

Finland provides a distinctive policy and cultural environment for testing the transferability of the LRGG. The Finnish gambling landscape is undergoing major transformation, with the state monopoly system set to transition to a licensed online market from 2026 onwards. The Finnish gambling system is also undergoing significant structural reform, with sports betting and online casino markets expected to open to competition by 2027, developments likely to increase marketing exposure and highlight the importance of harm-prevention frameworks (Jääskeläinen, Väkeväinen, & Marionneau, 2025). At the same time, Finland has strengthened harm-prevention measures, including mandatory player identification and enforced loss limits (Marionneau, Selin, Impinen, & Roukka, 2024).

An initial review of the guidelines indicates one area of potential concern, the use of monthly gross income in the

first guideline. From a cultural standpoint, financial norms differ significantly from those in Canada. In Finland, income is typically viewed as personal rather than household-based, reflecting a strong emphasis on individual financial responsibility. Moreover, the income after taxes (net income) is the usual way of describing salaries in Finland. Thus, official national surveys, including the Finnish Gambling Survey, ask individuals about their net income (after taxation) instead of gross household income.

These cultural and methodological features rendered the Canadian LRGG formulation (“1% of household income before taxes per month”) difficult to interpret and operationalize in Finland. Consequently, a program of research was initiated to evaluate the clarity, feasibility, and acceptability of culturally adapted LRGG limits.

THE FINNISH ADAPTATION: 2% OF PERSONAL NET INCOME

Recent Finnish studies, based on both quantitative and qualitative methods (Egerer et al., 2025; Palomäki et al., 2024), examined public and professional perceptions of the LRGG. Findings consistently showed that participants preferred limits expressed in terms of personal rather than household income. Participants viewed the latter as less relevant in a context where financial decisions are predominantly individualized. Furthermore, the participants of the qualitative study found it hard to recall their monthly gross income and favoured relating gambling expenditures to their monthly income after taxes.

To address this, the Finnish research team proposed an expenditure threshold of 2% of personal net income, replacing the original 1% of household gross income. The rationale for this adjustment is threefold:

1. Cultural alignment: Personal financial decision-making is the normative reference point in Finland, making the personal income frame more intuitive.
2. Empirical practicality: Finnish population self-report data are collected as net income, enabling consistent analyses across datasets and over time.
3. Conservative adjustment: Net income is typically 30–35% lower than gross income, so the 2% of net income limit remains broadly comparable—if not slightly more conservative—than the original Canadian guideline.

Complementary to these findings, Grönroos, Kontto, Young, Hodgins, and Salonen (2025) analysed national gambling survey data from 2011, 2015, and 2019 ($N = 12,993$) to examine trends in lower-risk gambling behaviour in Finland. Their study found that the proportion of adults gambling within the lower-risk limits increased from 29% in 2011 to 39% in 2019, with notable differences across age and income groups. Women and younger adults (18–29 years) were more likely to gamble within the lower-risk range, while older adults (60–74 years) and those with lower income levels showed the lowest adherence. These findings indicate that lower-risk gambling behaviours are increasing in Finland, yet

sociodemographic disparities persist, highlighting the importance of culturally grounded and clearly communicated guidelines. The adapted guidelines have also been operationalised in a national interactive self-assessment tool and public awareness campaign in Finland started February 2026, where culturally tailored risk messages, information on online and offshore gambling environments, and descriptions of financial, psychosocial, and health harms were incorporated into user-facing materials (Link to Finnish adaptation of the Lower Risk Gambling Guidelines <https://thl.fi/ajankohtaista/kampanjat/testaa-suhteesi-rahapelaamiseen>).

BALANCING FIDELITY AND FLEXIBILITY

The Finnish modification demonstrates that empirical fidelity and cultural flexibility need not be mutually exclusive. While the adaptation diverges numerically from the Canadian model, it preserves the underlying evidence-based intent: to delineate consumption thresholds associated with a substantially increased risk of harm.

This approach mirrors developments in related public health fields. For example, recent revisions of Canada's low-risk alcohol consumption guidelines have shifted toward risk zones rather than fixed cut-off points, reflecting both evolving evidence and the need for flexibility across populations (Shield, 2024). Similarly, culturally grounded adjustments in gambling harm guidelines enhance communication clarity and increase public trust in health communication. In this sense, the Finnish adaptation represents a translational step from epidemiological evidence to population-level prevention and policy implementation.

A key insight from the Finnish case is that cultural intelligibility enhances preventive impact. If individuals perceive guidelines as relevant, comprehensible, and achievable, adherence and thus harm reduction potential improves. The Finnish LRGG exemplify how contextualized thresholds can preserve scientific integrity while improving social legitimacy.

CONCLUSION

The Finnish adaptation of the Lower-Risk Gambling Guidelines underscores the value of culturally responsive evidence translation in behavioural addiction research. By conducting the necessary investigations, examining the emerging evidence and adjusting the expenditure limit to 2% of personal net income, Finland has enhanced the local applicability of the LRGGs while maintaining an empirically grounded, conservative approach to harm prevention.

Czakó et al. (2025) argue the need to evaluate existing prevention measures, tailor interventions to populations, and strengthen the evidence base for policy and early intervention in gambling harm. The process described above supports this argument: effective harm-reduction frameworks must be empirically grounded, but also culturally and structurally attuned to the societies they serve. As the gambling environment evolves internationally, continued

cross-cultural scientific testing, refinement, and adaptations of the LRGG will be essential to ensure their preventive potential is fully realized.

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Authors' contribution: SC: conceptualization, writing-original draft, writing-review & editing; JP: writing-review & editing; ME: writing-review & editing; TG: writing-review & editing; DCH: conceptualization, writing-review & editing; MMY: conceptualization, writing-review & editing.

Conflict of interest: Sari Castrén: She works a part time private practitioner clinical psychologist at Solvum Psychiatric Clinic Helsinki Finland and at Mehiläinen Medical Center, Forum Helsinki. She has received fees from Helsinki University, Tampere City, Vocational school Stadi, the Finnish Association of Addiction Medicine, the Finnish Association on Intellectual and Developmental Disabilities (FAIDD), Mikkeli County Psychiatric Clinic, Psychologists' Association Turku, and Mehiläinen for her lectures on behavioural addictions and for training professionals, and writer's fees from the Finnish Medical Society Duodecim, Finnish Medical Journal and Myllyhoitoyhdistys ry. She received fees from Svenska Spel (Sweden) for evaluating grant proposals, and Tampere University for preliminary examination of PhD work, acting as an opponent for PhD thesis (Lund University, Sweden and Bergen University, Norway). She declares no conflict of interest in relation to this manuscript. She has received speaker and participation honoraria from the the Turkish Green Crescent Society (Yeşilay): 6th Global Congress on Behavioral Addictions, Istanbul, Turkey and Pompidou Group: Expert workshop in Paris focusing on interventions for online gambling and online video gaming among youth. She declares no conflict of interest in relation to this manuscript. Jussi Palomäki: None to declare. JP is a member of the Gambling Harms Evaluation Committee (2023– ongoing). Michael Egerer has during the last 3 years received funding from the Finnish Foundation for Alcohol Studies (FFAS) based on §52 of the

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