Technology and mutual aid for problem gambling: the past and the future.

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Abstract
This paper offers a cursory account of the use of technology and online services by 12-Step peer support groups with a particular focus on support services for problem gamblers. We examine the history of peer support groups and examine the extent to which they have embraced newer technologies. Gamblers Anonymous (GA) has little direct involvement in on-line support. However, GA members operating independently of GA have provided some pioneering peer support. In this paper, we gathered information about GA’s presence online through a cursory literature review, examination of websites, and three semi-structured interviews with key informants: two longstanding GA members and one non-member who is nonetheless very active in employing up to date technology to coordinate recovery options for problem gamblers. The benefits of online peer support for problem gamblers is discussed. Accessibility is one example, as some could be available 24 hours a day each day of the week. Another advantage is that many young adults and adolescents favor online options. This also applies to online gamblers. The Internet options we have uncovered are run mostly by GA members, typically without official GA sanction.

Keywords: Gamblers Anonymous, online services, accessibility.

Introduction
In recent years there has been a major push to put more services for problem gamblers online. This includes helpline contact information, self-help information and workshops, early warning systems in online gambling environments, brief interventions, and even full therapy programs such as CBT run entirely on the Internet (van der Maas et al. 2019). This paper is a small part of an overall study of the use of the Internet to help problem gamblers. It includes literature reviews (van der Maas, 2019), focus groups, key informant interviews, and a pilot treatment project (Turner et al., 2018; Turner, 2018). This paper offers a cursory account of the use of technology and online services for mutual aid or peer support by organizations such as Gamblers Anonymous (GA), as well as GA members operating independently of GA. By online peer support, we are referring to a two-way interaction where a person seeks support, usually in the form of a question or a plea for guidance, and another person with similar experiences – in this case, gambling problems –
replies with advice, offers of encouragement, the wisdom of experience, or just fellowship during their journey towards recovery. Such support is sometimes called mutual aid, self-help, peer-to-peer support, or peer support. In this paper, we will use the term peer support because it best captures the idea we are exploring. Peer support can often be a valuable and cost-effective adjunct to professional counseling (Schuler et al., 2016), and some people recover using peer support alone (Ferentzy, Skinner & Antze, 2004).

One important feature of Internet peer support is accessibility. The Internet can be accessed all over the world, 24 hours a day, every day (Wood & Wood, 2009). Gainsbury and Wood (2012) have noted that in particular young adults and adolescents favor online options. Also, these authors observe that such initiatives are especially useful to online gamblers. Other benefits of Internet support are discussed. As mentioned, however, our focus is on the extent to which GA has embraced the Internet. Published literature was used, along with websites and semi-structured interviews of key informants. Three informants were interviewed: two longstanding GA members and one non-member who is nonetheless very active in employing technology to coordinate recovery options for problem gamblers. Internet options we have uncovered are run mostly by GA members, typically without official GA sanction. While Cooper (2004) has pointed out that Internet-based problem gambling therapy can serve as an adjunct to GA, our intention is to focus directly on GA and its membership.

Founded in 1957, GA is a mutual aid fellowship relying on 12-Step principles originated by Alcoholics Anonymous (AA). GA has groups in most North American locales, and now functions worldwide as a resource for people dealing with gambling problems. GA offers a unique culture of recovery, distinguishing it from fellowships such as AA and Narcotics Anonymous (NA). The most notable difference stems from the heavy financial burdens many gamblers face: GA devotes much time and energy to helping members deal with these matters. A feature unique to GA, the Pressure Relief Group, is offered, mostly to newer members. This involves experienced members coaching debt-ridden individuals on ways to get financial, and even legal, matters settled (Gamblers Anonymous International Service Office [GAISO], 1999). Independently of these groups, GA’s recovery culture is marked by addressing financial issues (Ferentzy, Skinner, & Antze, 2009).

According to GA literature: “The fellowship of Gamblers Anonymous is the outgrowth of a chance meeting between two men during the month of January in 1957. These men had a truly baffling history of trouble and misery due to an obsession to gamble. They began to meet regularly and as the months passed neither had returned to gambling” (GA, 2018b, para. 1). During informal discussions with GA members for a previous study, we learned that each man was a recovering alcoholic who still could not stop gambling (Ferentzy, Skinner, & Antze, 2004). The need for gambling-specific approaches was also corroborated in the same study. We found, for example, that a woman with gambling issues who had been off drugs in NA for over ten years still had trouble understanding the nature of problem gambling. She was subject to cognitive distortions that only a few GA meetings would likely have corrected (Ferentzy, Skinner, & Antze, 2004).

GA itself offers little specific information on its own history. “As a result of favorable publicity by a prominent newspaper columnist and TV commentator, the first group meeting of Gamblers Anonymous was held on Friday, September 13, 1957, in Los Angeles, California. Since that time, the fellowship has grown steadily and groups are flourishing throughout the world” (GA, 2018b, para. 3). Finding exact numbers of GA total membership is difficult. Still, according to an (admittedly dated source, in 1994 GA had over 4300 groups worldwide in more than 50 countries. (Anonymous, 1994). Before exploring our findings on the extent and nature of GA online, we will offer up some information on the other two fellowships mentioned above, as well as Cocaine Anonymous (CA). This information is provided to put the extent of GA’s online presence into context.

Other mutual aid fellowships
Founded in 1935, AA was the first 12-Step mutual aid fellowship. Like GA, it began with two afflicted
individuals: Bill W. and Dr. Bob S. (AA, 2018). Both men had contact with a Christian organization called the Oxford Group. Founded by Frank Buchman (Lean, 1985), the Oxford Group did not deal directly with alcoholism but did emphasize spiritual values that had helped a few members get sober. Buchman believed that the root of all problems is fear and selfishness, and that the solution involves surrendering one's life to God's plan. A friend of Bill's had in fact gotten sober through affiliation with the Oxford Group, and this helped to inspire Bill's spiritual journey. Though the name “Alcoholics Anonymous” had not yet been used, the fellowship was essentially functioning in 1936. In 1939, AA had only three groups, all in the U.S. In this same year, the fellowship published the book, Alcoholics Anonymous (AA, 2018; Alcoholics Anonymous World Services [AAWS], 1939, 2016). In this book, the 12 steps – a spiritual approach to recovery involving reflection on one’s past and commitment to helping other alcoholics – were laid out. At the time, AA membership stood at about 100. Despite a spiritual bent, AA from its inception was willing to cooperate with science and medicine. Another pivotal event occurred in 1939, when the “Cleveland Plain Dealer” carried a series of articles about A.A., supported by warm editorials. The Cleveland group of only twenty members was deluged by countless pleas for help” (AA, 2018, para. 5). From the start, the fellowship has been self-supporting, accepting donations from alcoholics only. Here lies a fundamental aspect of 12 step-based mutual aid: the afflicted help the afflicted. With more press directed at AA, its membership jumped to 6,000 by 1941. In 1946, Bill initiated AA’s 12 Traditions. Much like a constitution, the Traditions are rules of conduct emphasizing anonymity, principles above personalities, and service (notably directed at helping alcoholics get and stay sober). In 1950, membership stood at 100,000 and AA held its first international convention in Cleveland, Ohio. Over the years, AA has branched out into a worldwide organization. By 2016, estimated membership worldwide stood at 2,103,184. AA’s website, www.aa.org, first went online in December of 1995. In the first ten months the website averaged 9,120 hits per month. In December of 2017, aa.org received a daily average of 34,296 hits. Currently, AA offers text-based online meetings every day of the week, 24 hours a day (AA, 2018). In addition, AA offers online video meetings using Skype (AA, 2015). Another web site was formed that hosts Skype-based meetings in Europe (Alcoholics Anonymous: Continental European Region, 2019).

Another mutual aid organization, NA, provides help for people addicted to other drugs. Despite a growing body of literature documenting NA’s origins, assorted accounts provide contradictory information. According to White et al. (2011), it was in 1949 that Danny C. initiated Addicts Anonymous. According to Verde Valley Arizona Narcotics Anonymous (2018), it was Jimmy K. who played the most important role, with the first meeting held in 1948. Either way, the name was quickly changed to Narcotics Anonymous in order to avoid the potential confusion that could occur with two AA’s (White et al, 2011). NA was incorporated in 1951 (Verde Valley Arizona Narcotics Anonymous [VVANA], 2018), and began operating under that name in 1953. At first, the political climate did not favor efforts by drug addicts to congregate and (purportedly) exchange drugs (White et al., 2011). Addicts also feared that meetings could be infiltrated by police or informants. Laws against addicts congregating, and overall fear and mistrust of anyone who used illegal drugs, made it hard for NA to find places to hold meetings; few institutions were receptive (White et al, 2011; VVANA, 2018). Even some AA members expressed a “violent opposition to drug addicts attending AA meetings” (White et al, 2011). By 1954, NA membership stood at 90 (White et al, 2011). According to VVANA (2018), by “2016 there were more than 67,000 NA meetings in 139 countries.” NA was modeled on AA, with principles such as anonymity buttressed by the same Traditions used by AA. NA also incorporated the 12 Steps, though one important change was made: whereas AA’s 12 Steps involve powerlessness over alcohol, NA invoked powerlessness over addiction (AAWS, 1939; Narcotics Anonymous World Services, 1991). Hence NA offered a program of recovery that was not drug specific and, in principle, could even apply to addictions not involving substances.

Like AA, NA offers online meetings every day of the week. These are normally held at 10 PM Eastern Time (NA Recovery, 2009). NA’s World Service Office
decided to start having email on a trial basis in early 1995. Today, over 70 email addresses are used by NA World Services, receiving and sending hundreds of emails per day. Local NA communities created their own websites shortly afterwards, often started by individuals on their own acting on behalf of local groups or service committees. Today, local websites number in the thousands, in many languages, and serve NA communities in over 125 countries worldwide (Narcotics Anonymous, 2018).

Historical information on Cocaine Anonymous (CA) is scant. As with NA, various accounts offer inconsistent information. Like NA, CA originated with the idea of forming AA meetings for drug addicts. CA itself was started in 1982 in Los Angeles, California, by its founding members Johnny S., Ray G., and Gilbert M. (Channey, 2016). CA organized quickly, setting up a hotline in 1983, originally out of a hospital that provided some logistical and financial support. Inspired by Al-Anon, CA started a group for those affected by someone’s drug use: Coc-Anon. CA was able to evolve more quickly than NA, probably due to a more receptive political climate. CA grew to 30 meetings within the first year. Interestingly, despite having developed its own literature, CA relies mainly on AA’s Big Book – with members told simply to substitute other drugs for alcohol and to use the same recovery program. As mentioned, unlike NA, CA was founded during an era that was more politically receptive to the idea of mutual aid groups for addicts. By 2010 there were 7,000 CA groups worldwide, with an estimated 48,000 members (Channey, 2016, p. 13).

CA created its first website in 1995, and its first online email meeting in 1997. Additional email meetings were started in 1999. In 2000, the online service was granted “area” status, making it essentially equivalent to the land-based areas (Cocaine Anonymous, 2018a; Channey, 2016, p. 11). In 2002, Steps Online was introduced, and in 2010 voice meetings were introduced. According to CA’s website, today “There are several online meetings with hundreds of members participating from countries throughout the Americas, Europe, Asia, and Africa” (Cocaine Anonymous, 2018a). Their website reports that they have two types of online meetings: email meetings run 24 hours a day, 7 days a week, and an undetermined number of voice meetings using Skype™. The voice meetings are “similar in format to face to face meetings” (Cocaine Anonymous, 2018b). Each Skype meeting is held once a week and begins at a particular time (Cocaine Anonymous, 2018b). In keeping with their traditions, all meetings are free of charge (i.e., no dues) (Cocaine Anonymous, 2018b).

Gamblers Anonymous
As mentioned, financial difficulties faced by many: gamblers render GA different from AA, NA, and CA. Also, GA has been more secular in nature. GA is less inclined to proselytize, with GA’s high number of Italian and Jewish members cited as a possible reason (Browne, 1994; Ferentzy, Skinner, & Antze, 2006). The choice of the term God as opposed to “higher power” is of significance in 12-Step recovery, with the latter suggesting a less doctrinaire approach. The word “God” appears only twice in GA’s version of the 12 Steps, whereas in AA’s version it appears four times (GA, 2018c; AAWS, 1981).

GA has a website offering information about the fellowship, its recovery program, and services offered (GA, 2018a; GA, 2018c). There are also sites, GamTalk and several others, including ones on Facebook, using the title “Gamblers Anonymous” to help problem gamblers. As mentioned, these are mostly run by GA members without official GA sanction.

The GA website notes that GA is a “fellowship of men and women who share their issues and help each other avoid gambling” (GA, 2018a, para. 1). The website has links including the history of GA, the 20 questions used to help determine if one has a gambling problem, a description of the GA recovery program and the 12-Steps of GA, U.S. hotline numbers, a list of meetings in the U.S., a list of international meetings, a link to GamAnon for friends and family (see Ferentzy, Skinner, & Antze, 2010), and a lifeline bulletin. There is also a store where one can purchase GA books, pamphlets, and materials for meetings, such as pins to mark years of abstinence. Hotlines are offered for every U.S. state. One informant told us that most calls are from family and friends of gamblers rather than gamblers themselves.
Calls from significant others are usually redirected to GamAnon.

Overall, the GA website is comprehensive in terms of information about GA. There is no mention of any help offered through the Internet, but the option to talk to someone by phone is offered.

Method

Participants
This study was a small part of a large project that involved a literature review, focus groups with clients, focus groups with treatment counsellors, and interviews with a total of 19 experts on various topics related to offering gambling treatment using the Internet. Our original project only focused on professional counselling services, but we also wanted to explore any attempts that GA and similar 12-Step peer support networks had made to utilize the Internet.

To learn more about the use of the Internet by GA, we interviewed three people who have knowledge of the use of the Internet to help problem gamblers. Three informants were interviewed: two longstanding GA members and one non-member who is nonetheless very active in employing up-to-date technology to coordinate recovery options for problem gamblers. The first key informant, Arnie Wexler, is a man who we know well from previous research and interactions. He has been actively promoting GA and overall recovery for years. The other two were personal contacts that he referred us to (a snowball technique) to fill out the picture of the topic.

Procedure
Each participant was interviewed by the two authors using telecommunication technology. The interviews were recorded and transcribed. The two authors then extracted themes from the interviews. The results were combined. Any disagreements in interpretation regarding the results were discussed and resolved. We also summarized technological uses for peer-to-peer support from the interviews and from previous literature reviews conducted by the authors (see Schuler et al., 2016; van der Maas, et al., 2019).

While an extensive literature review was conducted for the larger study, this article represents a smaller subset and no extensive searches were taken. Articles were acquired based upon our (extensive) knowledge of the field from previous reviews (see Schuler et al., 2016) and studies (Ferentzy et al., 2004, 2006, 2009, 2010), extracted from reference sections of articles, and gathered by means of consultation with knowledgeable colleagues.

The websites described were found using Google search on the Internet.

Themes

Not officially sanctioned
We learned that, aside from the website, GA has not been too active in offering support based on smartphones or the Internet. As mentioned already, many simply take initiative without GA sanction. Often, the GA name is invoked nonetheless. According to one of our informants, GA does little or nothing to attract people to its website (Arnie).

One of our informants (Arnie, p. 1) said that he is involved with an Internet site with over 5,000 respondents. Apparently, one GA member accused our contact of violating GA principles because the GA name was invoked without GA’s permission. While one can understand GA’s concern, our informant’s position is that he is doing something that GA ought to be doing. “This online group that I’m on now was about 2,000 (people) a couple of months ago; it’s over 5,000 now. So I think, yeah, there’s a lot of people coming on there… People from all over the world” (Arnie, p. 10).

Another informant, Yuri, noted that he is not a GA member, but an AA member with gambling issues who works with GA members. Awareness of the option he offers was spread mostly by word of mouth. An American of Ukrainian decent, he speaks Ukrainian and has started a Skype meeting in the Ukraine where GA has no presence (Yuri, p. 2). With this endeavour, translation is key since both Ukrainian and English are used. One pressure relief session had been held at the time of this interview. All in all, our informant claimed that his efforts and those of others involved have generated good results with
Another theme that emerged was an advantage to Internet-based meeting because of distance: many, especially in rural areas or in places with less developed recovery systems, can benefit from settings where location is not an issue. For example, in one interview (Arnie, p. 5) we learned that in all of Poland there are only “a couple” of GA meetings. Moreover, in large areas of North America, the distances between communities can be enormous and the population density might be too low to support a mutual aid group. Online support would also reduce the cost of transportation. In addition, one informant claims that online and phone meetings often inspire people to start face-to-face GA meetings in their locales (Gary, p. 10).

**Moderation of content**

Moderation of conversations can be an issue with social media. People can often be rude online or intentionally bully others. Some people enjoy starting fights with other people and are referred to as Trolls (Bergstrom, 2011; Shin, 2008). A moderator can spot these people and ban them from the page, but only after the fact. With so many contributors, some are bound to misbehave. According to one informant (Arnie), the forum with which he is associated is moderated to ensure that people are not harassed.

**Arnie:** I saw this morning, they threw a couple of people off. You know, if they see shit that goes on – you know, some guys around them maybe trying to hit on women and stuff like that” (p. 11).

Similarly, other sites we have visited have strict rules to prevent bullying. For example, Safe Harbor, a non-GA peer discussion board, makes the following statement:

There will be zero tolerance for personal attacks, character assassinations, or illegal posts as defined by Safe Harbor’s Service Providers. These types of posts will be deleted as soon as possible with notification to the poster. The poster will be banned for a length of time to be determined by the committee that
These rules are necessary in order to keep the site functioning for the benefit of the gamblers who need it.

**Summary of peer support on line**
In spite of the relative sparseness of information on online programs providing peer support to problem gamblers, we have come across a few, some of which are run by professional therapists. Some of these are listed below.

**Facebook**
Among the titles we found: *Gamblers Anonymous Support Group*, Gamblers Anonymous, Gamblers Anonymous Support, Belfast Gamblers Anonymous, Gamblers Anonymous UK, and Gamblers Anonymous Retreat. Of note is that the latter claims to be provided by GA Members. To the best of our knowledge, none of the Facebook sites are sanctioned by GA. Nonetheless, they are based largely on the GA philosophy and approach to recovery.

**Conference calls**
The Council on Compulsive Gambling of New Jersey (2018) lists a number of conference calls that are available to compulsive gamblers. According to this list, there is a teleconference available every day of the week. According to one informant (Arnie, p. 12), “I think in the last year or so, they started meetings through GA. I’ve never been on them, so I don't know what goes on there, but they do have some Internet meetings through Gamblers Anonymous, people all over the country” (Arnie, p. 12). According to the website (Council on Compulsive Gambling of New Jersey, 2018), there is one Wednesday meeting that is officially sanctioned by GA; the other conference group lines are not officially sanctioned. However, this development does hold out the promise that more GA services using telecommunication.

**International conference calls**
An international teleconference is held on Tuesdays and Thursdays using a computer program called UberConference that allows as many as 999 people participate at once. One of our informants told us about this large-scale Internet teleconference in more detail. While it is an international online forum with a significant capacity for interaction, in practice only 6 to 22 people are normally involved. While not sanctioned by GA, the conference call focuses on the 12 Steps (Gary, p. 4). Any life issues that one wants to discuss must be addressed by reference to the 12 Steps (Gary, p. 5). Unlike GA meetings, no reference is made to the “Combo Book”, a 17-page pamphlet which functions as GA’s main text (GAISO, 1999). This is a significant difference, because the Combo Book deals mainly with issues pertaining to gambling and money and less so with the spiritually inspired 12 Step process. However, it is noted that these “meetings are for GA, AA, NA and other members who wish to meet to share their experience, strength and hope, about the 12 steps that have changed and improved the quality of their lives” (Council on Compulsive Gambling of New Jersey, 2018; see also UberConference, 2018).

**Other Non-GA online peer supports.**
Our listing of online supports may not be exhaustive. Because our focus was on Gamblers Anonymous and its membership, we have not focused attention on non-GA peer support. However, there are a few papers that examined these peer support groups. Currently, there is an online forum for problem gambling run by Dr. Richard Wood called Gamtalk. This service is not pertinent to our discussion because it is moderated by a professional therapist and is not based on GA philosophy. However, we have included it here because it does offer peer support. There are also two similar forums run in the United Kingdom (Gainsbury & Wood, 2012; Wood & Wood, 2009). These services are seen by the users as alternatives to Gamblers Anonymous. The information available on these services suggests that they are favored by people who do not wish to go into regular treatment. According to Wood and Wood (2009), there are currently only a handful of online forums for problem gambling world-wide, even though they are more cost-effective compared to more traditional treatment services. To our knowledge, none of these are officially sanctioned by GA. In addition, Cooper (2004; see also: Cooper & Doucet, 2002) describes a forum called G.Aweb. It is, however, no longer active. The GAweb service offered many advantages already mentioned for Internet-based peer support. Of possible significance is that about 20% of respondents
used it exclusively for their recovery (Cooper, 2004). While originally linked to GA, as far as we can discover it was not officially sanctioned by GA. GAweb was discontinued in 2001.

Another peer support group is called Safe Habour Compulsive Gamblers Hub (2017), which provides information and online peer-support through a chat service. The site explicitly says that it is “not affiliated with any 12 Step Program”. However, the site appears to be GA friendly, has posts that mention GA principles, and provides information about GA groups as well as links to professional counseling services.

Discussion
A key finding of this study is that other mutual aid groups have embraced technology to a greater extent than GA. This includes video conferencing using Skype. Overall, 12 Step Internet and smart phone options for gamblers seem to be less developed than for those dealing with substance addictions. While GA itself has a presence on the Internet, it is less prominent than the other 12 Step fellowships we have discussed in this paper. One informant (Arnie) has stated that the reluctance to have a greater presence on the Internet is directly related to GA being more concerned with anonymity than other 12 Step groups. This is perhaps because gambling is more stigmatized and many people still view gambling as a personal weakness rather than as a mental health problem (Hing, Nuske, Gainsbury, & Russell, 2016). In addition, according to Ferentzy, Skinner & Antze (2004, 2010), another reason for a tradition of anonymity as sacrosanct may be that many GA members feel a need to avoid creditors, often involving fear of criminals (e.g., debt collection enforcers for bookies). One of our informants (Arnie) has stated that he feels this anonymity hurts GA as it limits exposure and public awareness, and also limits the options available to problem gamblers. This attitude is somewhat ironic because online interactions are often favored precisely because of the anonymity they can provide (Turner, 2018). As noted above, even social media services, such as Facebook, which discourage anonymity make it possible to be anonymous. In spite of this reluctance on the part of GA, people associated with GA have taken steps to fill in this gap. But, as mentioned, most of these efforts are not sanctioned by GA.

The participants noted that Internet-based approaches have a number of advantages over face-to-face support approaches. In particular, they assist individuals concerned with gambling problems who have little access to local support. In addition, those who are troubled by stigma can engage intermittently and gradually, in ways that often lead to more consistent participation (Cooper, 2004). People can, for example, start by lurking, which affords even more anonymity than confidential treatment or even anonymous fellowships (Wood & Wood, 2009). This can be the first step toward active participation and engagement in other options (online as well as face to face). One feature of Internet-based support groups for problem gamblers is accessibility, as some are run 24 hours a day, each day of the week (Wood & Wood, 2009).

There are other advantages to online groups. Gainsbury and Wood (2012) have observed that many younger people favor online options and that online gamblers are likely better served this way. In addition, these authors also note that online services are cost-effective compared to traditional face-to-face counselling services. This is particularly the case with peer support. Further to this, we would note that while GA is cost-effective in that no fees or dues are charged (Ferentzy et al., 2004), it does involve the cost of travel and does accept voluntary donations from members. GA meetings offered online would surely be attractive to cash-strapped problem gamblers.

Another issue to address might be the reluctance on the part of some practitioners to direct gamblers to online options. Cooper and Doucet (2002) claim that treatment practitioners often prefer face-to-face sessions over online options. Further, they may hesitate to direct gamblers to such options out of concern for client safety at sites which are only informally monitored, and also due to a fear of liability in such cases. This consideration has come up in our own research regarding safety and liability issues related to suicide. In focus group research, the therapists were worried about what to do in the event that a client who is online is having suicidal thoughts (Turner, 2018).
Limitations
As with all research there are limitations. The current study is limited by the small number of key informants we interviewed. Their criticisms of GA as overly guarded with respect to anonymity might be rebutted by other members. Also, the anonymous nature of these organizations makes gathering information somewhat difficult. Finally, some options were available only to problem gamblers which, for ethical reasons, made them hard to explore.

Conclusions
For gamblers, the Internet can be a mixed blessing. Recovery options go hand-in-hand with online gambling venues. Currently, the Internet is more often a source of access to gambling sites and thus conducive to problem gambling. Yet the Internet could also provide recovery options, in particular by removing barriers such as transportation difficulties or distance or the even time of day when one needs help. Whether new technologies do more good than harm is something future research ought to explore. It is our hope that this paper encourages greater use of the internet and telecommunications technology by 12 Step organizations or other groups to help those afflicted with gambling problems.

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The project was subject to ethics review by the Centre for Addiction and Mental Health (CAMH), was reviewed by the CAMH ethics review board, and approved as Protocol # 025/2017. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments, including informed consent and confidentiality of all personal information.

Competing interests
Turner has received grant funding from the Ontario Lottery and Gaming to evaluate some of their prevention initiatives, but otherwise has not received funding from the gambling industry. The remaining authors declare no competing interests.

References


van der Maas, M., Shi, J., Elton-Marshall, T., nHodgins, D. C., Sanchez, S., Lobo, D. S., ... &