Supplementary Tables: Voting Results

Question 1: Which of the following patient populations with chronic pain taking opioids would you consider for cannabinoid treatment? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)
Patients currently taking opioids at any daily morphine equivalent dose (MED)	0	0	5	37	58	95*
Patients currently taking < 50 mg MED	5	0	5	53	37	90*
Patients currently taking ≥ 50 but < 90 mg MED	0	0	0	42	58	100*
Patients currently taking ≥ 90 mg MED	5	0	0	11	84	95*
Patients currently taking opioids who are not reaching chronic pain goals	0	0	0	16	84	100*
Patients experiencing opioid-related adverse effects	5	0	0	21	74	95*
Patients with risk factors for opioid-related harm	0	0	0	37	63	100*

*Designates consensus was found.
n = 19 voters

Question 2: Which of the following patient populations with chronic pain taking opioids would you NOT consider for cannabinoid treatment? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
Patients with complex polypharmacy	42	42	11	5	0	5	84*
Patients with active severe cardiovascular or respiratory disorder	21	16	11	37	16	53	37
Patients with a history of mood disorders	16	47	37	0	0	0	63
Patients with a history of	37	58	5	0	0	0	95*

stress-related disorders							
Patients with a history of psychosis	0	11	5	32	53	85*	11
Patients with a history or current substance use disorder	11	58	5	21	5	26	69

*Designates consensus was found.
n = 19 voters

Question 3: In what type(s) of chronic pain should cannabinoids be considered? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)
Nociceptive pain	0	0	0	47	53	100*
Neuropathic pain	0	0	0	5	95	100*
Inflammatory pain	0	0	0	32	68	100*
Mixed pain	0	0	0	21	79	100*
Any chronic pain	0	0	0	32	68	100*

*Designates consensus was found.
n = 19 voters

Question 4: What is the minimum age threshold for introducing Δ^9-tetrahydrocannabinol (THC) in a patient with chronic pain taking opioids?

No age threshold (%)	> 10 years (%)	> 15 years (%)	> 20 years (%)	> 25 years (%)	> 30 years (%)
89*	0	0	6	6	0

*Designates consensus was found.
n = 18 voters

Question 5: What is the maximum age threshold for introducing THC in a patient with chronic pain taking opioids?

No age threshold (%)	> 70 years (%)	> 80 years (%)	> 90 years (%)
100*	0	0	0

*Designates consensus was found.
n = 19 voters

Question 6: What is the minimum age threshold for introducing cannabidiol (CBD) in a patient with chronic pain taking opioids?

No age threshold (%)	> 10 years (%)	> 15 years (%)	> 20 years (%)	> 25 years (%)	> 30 years (%)
100*	0	0	0	0	0

*Designates consensus was found.
n = 19 voters

Question 7: What is the maximum age threshold for introducing CBD in a patient with chronic pain taking opioids?

No age threshold (%)	> 70 years (%)	> 80 years (%)	> 90 years (%)
100*	0	0	0

*Designates consensus was found.
n = 19 voters

Question 8: What are the preferred administration forms when adding cannabinoids for chronic pain treatment in appropriately screened patients taking opioids? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
Inhaled—smoked	83	11	0	6	0	6	94*
Inhaled—vapourized (dried flower)	21	21	16	26	16	42	42
Inhaled—vapourized (prefilled vapourizer pen)	21	21	32	21	5	26	42
Oral—oil	0	0	0	21	79	100*	0
Oral—soft gel	0	0	0	37	63	100*	0
All formats can be considered for a patient	32	21	0	16	32	48	53

*Designates consensus was found.
n = 19 voters

Question 9: In general, what is the recommended starting ratio of THC:CBD for DAYTIME USE for appropriately screened patients with chronic pain taking opioids?

CBD predominant (%)	Balanced THC:CBD (%)	THC predominant (%)	No preference (%)
89*	11	0	0

*Designates consensus was found.
n = 19 voters

Question 10: In general, what is the recommended starting ratio of THC:CBD for EVENING USE for appropriately screened patients with chronic pain taking opioids?

CBD predominant (%)	Balanced THC:CBD (%)	THC predominant (%)	No preference (%)
28	61	11	0

n = 18 voters

Question 11: When prescribing ORAL THC, what is the recommended starting dose for appropriately screened patients with chronic pain taking opioids?

0.5–3 mg once daily (%)	3–5 mg once daily (%)	0.5–3 mg bid (%)	3–5 mg bid (%)	0.5–3 mg tid (%)	3–5 mg tid (%)
95*	0	5	0	0	0

*Designates consensus was found.
n = 19 voters

Question 12: When prescribing ORAL THC, what is the recommended titration schedule to reach chronic pain goals for appropriately screened patients with chronic pain taking opioids?

Increase by 0.5–2 mg daily (%)	Increase by 0.5–2 mg twice weekly (%)	Increase by 0.5–2 mg once weekly (%)	Increase by 2–5 mg daily (%)	Increase by 2–5 mg twice weekly (%)	Increase by 2–5 mg once weekly (%)
0	32*	58*	0	5	5

*These two values were combined to make a consensus-based recommendation that the THC titration schedule should be an increase by 0.5–2 mg once or twice weekly. The group then decided that it was more practical to suggest 1–2 mg THC.
Designates consensus was found.
n = 19 voters

Question 13: What is the maximum daily dose of ORAL THC that you would recommend?

5 mg (%)	10 mg (%)	20 mg (%)	30 mg (%)	40 mg (%)	No limit (%)
0	0	11	63*	21*	5

*These two values were combined to make a consensus-based recommendation that the maximum dose of oral THC is between 30 and 40 mg.
Designates consensus was found.
n = 19 voters

Question 14: What is the maximum daily dose of ORAL CBD that you would recommend?

20 mg (%)	50 mg (%)	100 mg (%)	200 mg (%)	300 mg (%)	400 mg (%)	No limit (%)
0	5	5	11	5	21	53

n = 19 voters

Question 15: In general, what is the recommended CBD starting dose for appropriately screened patients taking opioids?

5 mg daily (%)	10 mg daily (%)	20 mg daily (%)	> 20 mg daily (%)
33*	39*	22*	6

*These three values were combined to make a consensus-based recommendation that the initiation dose of CBD should be between 5 and 20 mg
n = 18 voters

Question 16: In general, what is the recommended CBD titration schedule for appropriately screened patients taking opioids?

Increase by 5–10 mg up to a maximum of 100 mg daily (%)	Increase by 5–10 mg up to a maximum of 100 mg twice weekly (%)	Increase by 5–10 mg up to a maximum of 100 mg once weekly (%)	Increase by 10–20 mg up to a maximum of 100 mg daily (%)	Increase by 10–20 mg up to a maximum of 100 mg twice weekly (%)	Increase by 10–20 mg up to a maximum of 100 mg once weekly (%)
0	33	33	0	17	17

n = 18 voters

Question 17: In general, what is the recommended INHALED starting dose for appropriately screened patients with chronic pain taking opioids?

1–2 inhalations once daily (%)	1–2 inhalations twice daily (%)	1–2 inhalations three times daily (%)	1–2 inhalations four times daily (%)	> 1–2 inhalations four times daily (%)	I don't recommend inhaled cannabinoids for patients with chronic pain taking opioids (%)	Other (%)
16	11	5	11	0	47	11

n = 19 voters

Question 18: If prescribing INHALED cannabinoids, what is the recommended titration schedule for appropriately screened patients with chronic pain taking opioids?

1 additional inhalation every 30 minutes (%)	1 additional inhalation every hour (%)	1 additional inhalation every 3–4 hours (%)	1 additional inhalation every 4–24 hours (%)	1 additional inhalation daily (%)	> 1 additional inhalation daily (%)	I don't recommend inhaled cannabinoids for patients with chronic pain taking opioids (%)
0	5	32	5	5	0	47

n = 19 voters

Question 19: If the appropriately screened patient is cannabis experienced, what adjustments would you make to the starting CBD dose and CBD titration schedule?

Lower starting dose, slower titration (%)	Lower starting dose, similar titration (%)	Lower starting dose, faster titration (%)	Similar starting dose, slower titration (%)	Similar starting dose, similar titration (%)	Similar starting dose, faster titration (%)	Higher starting dose, slower titration (%)	Higher starting dose, similar titration (%)	Higher starting dose, faster titration (%)
0	0	5	0	42	16	0	11	26

n = 19 voters

Question 20: If the appropriately screened patient is cannabis experienced, what adjustments would you make to the starting THC dose and THC titration schedule?

Lower starting dose, slower titration (%)	Lower starting dose, similar titration (%)	Lower starting dose, faster titration (%)	Similar starting dose, slower titration (%)	Similar starting dose, similar titration (%)	Similar starting dose, faster titration (%)	Higher starting dose, slower titration (%)	Higher starting dose, similar titration (%)	Higher starting dose, faster titration (%)
0	0	0	0	22	11	0	61	6

n = 18 voters

Question 21: What is the preferred administration form of cannabinoids for appropriately screened patients experiencing BREAKTHROUGH pain?

Inhaled—smoked (%)	Inhaled—vapourized (%)	Oral—oil (%)	Oral—capsules (%)	Topical (%)	I don't recommend the use of cannabinoids for breakthrough pain (%)
0	95*	0	0	0	5

*Designates consensus was found.
n = 19 voters

Question 22: When do you typically consider tapering opioids in appropriately screened patients with chronic pain who are starting on cannabinoids? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
As soon as the cannabinoids are started	47	29	6	0	18	18	76*

When cannabinoid dose has been optimized	12	12	0	47	29	76*	24
When the patient experiences a minor improvement in pain and/or function with the introduction of cannabinoids	6	0	12	71	12	83*	6
When the patient experiences a major improvement in pain and/or function with the introduction of cannabinoids	18	0	0	24	59	83*	18
When patients seek less as-needed medication to control their pain	6	6	0	71	18	89*	12
At a specific THC dose	65	24	12	0	0	0	89*
At a specific CBD dose	65	24	12	0	0	0	89*

*Designates consensus was found.
n = 17 voters

Question 23: For patients committed to tapering their opioid dose, what tapering process would you commonly recommend in the presence of cannabinoids?

A rapid initial taper of 20%–50% in the first 2 weeks followed by a 5%–10% taper (%)	A gradual dose reduction of 5%–10% of the MED every 1–2 weeks with frequent follow-up (%)	A gradual dose reduction of 5%–10% of the MED every 2–4 weeks with frequent follow-up (%)	A gradual dose reduction of 10%–20% of the MED every 1–2 weeks with frequent follow-up (%)	A gradual dose reduction of 10%–20% of the MED every 2–4 weeks with frequent follow-up (%)
0	35*	65*	0	0

*Designates that these two answers were combined into the treatment algorithm. A gradual dose reduction of 5%–10% of the MED every 1–4 weeks with frequent follow-up at any MED dose was deemed an appropriate tapering approach.
Designates consensus was found.
n = 17 voters

Question 24: Initially, how frequently should a patient initiated on cannabinoids while taking opioids be monitored by their health care professional?

More than once weekly (%)	Once weekly (%)	Twice monthly (%)	Once monthly (%)	Once every 2 months (%)	More than 2 months (%)
0	16	37*	42*	5	0

*Designates that these two answers were combined into the treatment algorithm. The context here is that this question is with respect to when a patient is started on cannabinoids. It was agreed upon that following up once or twice monthly would be appropriate at this initial stage.
Designates consensus was found.
n = 19 voters

Question 25: Once optimal doses of cannabinoids and opioids have been established, how frequently should a patient be monitored by their health care professional?

More frequently than once monthly (%)	Monthly (%)	Every 3 months (%)	Every 6 months (%)	More than 6 months (%)
0	0	95*	0	5

*Designates consensus was found.
n = 19 voters

Question 26: How frequently should the following be assessed during follow-up visits to evaluate the safety of cannabinoid introduction? (Rate: never, rarely, occasionally, frequently, always)

	Never (%)	Rarely (%)	Occasionally (%)	Frequently (%)	Always (%)
Screening for cannabis use disorder (eg, CUDIT-R)	11	11	32	37	11
Screening for opioid withdrawal (eg, COWS)	5	5	11	42	37
Screening for depressive symptoms (eg, PHQ-9)	0	5	37	32	26
Screening for anxiety (eg, GAD-7 scale)	0	5	32	42	21
Screening for cannabinoid adverse effects	0	0	5	26	68
Screening for use of other recreational drugs	0	5	21	26	47
Screening for opioid misuse	0	5	5	37	53
Screening for psychosis	0	11	5	26	58

n = 19 voters

Question 27: How frequently should the following be performed at the follow-up visits to evaluate the efficacy of cannabinoid introduction? (Rate: never, rarely, occasionally, frequently, always)

	Never (%)	Rarely (%)	Occasionally (%)	Frequently (%)	Always (%)
Patient discussion on efficacy	0	0	5	16	79
Patient discussion on sleep	5	0	16	53	26
Patient discussion on pain relief	0	0	11	37	53
Chronic Pain Self-Efficacy Scale	0	21	37	26	16
Pain Catastrophizing Scale	11	16	32	37	5
Interference tool	0	11	28	44	17
Kinesiophobia scale	16	37	26	21	0

Question 28: Which of the following would be considered a clinical success in patients taking opioids? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)
≥ 20% reduction in pain intensity	0	16	32	53	0	53
≥ 30% reduction in pain intensity	0	0	5	11	84	95*
Improvement in quality of life	0	0	0	26	74	100*
Improvement in function	0	5	0	0	95	95*
Any reduction in opioid dose	0	6	39	39	17	56
25%–50% reduction in MED	5	0	5	26	63	89*
> 50% reduction in MED	5	0	0	21	74	95*
Reduction in opioid dose to < 90 mg MED	7	0	14	29	50	79*
Reduction in opioid-related adverse effects	0	0	5	32	63	95*

*Designates consensus was found.
n = 19 voters

Question 29: In general, at what point should the titration of cannabinoids be stopped? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)
Once the patient’s goals have been met	0	11	11	26	53	79*
Once the patient has reached a > 30% reduction in pain intensity	0	21	16	42	21	63
Once the patient has reached an improvement in function	0	32	1	42	26	68

Once the opioid MED is reduced by 25%–50%	5	21	16	47	11	58
Once the opioid MED is reduced by > 50%	5	16	26	21	32	53
If the patient experiences cannabinoid-related adverse effects	5	0	0	16	79	95*
If the cannabinoids are not providing pain relief after a dose increase (efficacy plateau)	0	0	0	37	63	100*

*Designates consensus was found.
n = 19 voters

Question 30: In general, what is the recommended method for addressing a patient who is experiencing a significant CBD-related adverse effect? Rate: (strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
Change the ratio of THC:CBD	44	17	6	17	17	34	61
Reduce the dose of THC	67	22	6	0	6	6	89*
Reduce the dose of CBD	0	0	0	22	78	100*	0
Change route of administration	56	11	22	11	0	11	67
Stop cannabinoid-based therapy	50	39	6	6	0	6	89*

*Designates consensus was found.
n = 18 voters

Question 31: In general, what is the recommended method for addressing a patient who is experiencing a significant THC-related adverse effect? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
Change the ratio of THC:CBD	5	5	11	37	42	79*	10
Reduce the dose of THC	0	0	0	5	95	100*	0
Reduce the dose of CBD	84	11	5	0	0	0	95*
Change route of administration	42	16	16	21	5	26	58
Stop cannabinoid-based therapy	47	26	11	11	5	16	73

*Designates consensus was found.

n = 19 voters

Question 32: What is the recommended method for addressing a patient who is experiencing opioid withdrawal symptoms while taking cannabinoids? (Rate: strongly disagree, disagree, neutral, agree, strongly agree)

	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	∑Strongly agree / agree (%)	∑Strongly disagree / disagree (%)
Pause the opioid taper	0	0	0	16	84	100*	0
Rotate opioid	26	26	26	21	0	21	52
Discontinue opioid taper	21	26	21	21	11	32	47
Add an increased dose of THC for breakthrough withdrawal symptoms	11	0	32	26	32	58	11
Add an increased dose of CBD for breakthrough withdrawal symptoms	16	11	47	21	5	26	27

*Designates consensus was found.
n = 19 voters