

Appendix 1: Demographic questionnaire

Demographic questionnaire

Thank you for agreeing to be part of this study. Please answer the following questions as best as you can. There will be a chance to have questions explained if something is not clear. This information will be kept confidential and any information used for data purposes will not link you to any of the information you provide.

1. What is your age? (Select one)

- 18 to 25 years old
- 26 to 35 years old
- 36 to 45 years old
- 46 to 55 years old
- 56 to 65 years old
- 66 to 75 years old
- 76 years old and up

2. What best describes your current region of residence? (Select one)

- Urban (in the city)
- Rural (in the country)
- Suburban (mixed-use or residential area, existing either as part of a city area or as a separate residential community within commuting distance of a city)
- Other: _____

3. In which Province or Territory do you currently live? (Select one)

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Yukon
- Northwest Territories
- Nunavut
- Other _____

4. What was your sex assigned at birth? (Select one)

- Male
- Female

5. Which best describes your current gender identity? (Select one)

- Woman
- Man
- Transgender
- Gender neutral
- Non-binary
- Agender
- Pangender
- Genderqueer
- Two-spirit
- Other. I identify as: _____

6. Which of the following best describes your race or ethnicity? (Select one)

- Asian – East (e.g. Chinese, Japanese, Korean)
- Asian – South (e.g. Indian, Pakistani, Sri Lankan, Indo-Caribbean/West Indian)
- Asian – Southeast (e.g. Malaysian, Filipino, Vietnamese, Cambodian)
- Asian – West (e.g. Afghani, Israeli, Saudi Arabian, Iranian, Turkish)
- Australasian – (e.g. Australia, New Zealand, New Guinea, Melanesia)
- Black – Africa (e.g. Ghanaian, Kenyan, Somali)
- Black – North America
- Black – Caribbean Region (e.g. Barbadian, Jamaican)
- Hispanic
- Indigenous (e.g. Inuit, First Nations, Non-Status Indian, Metis, Indigenous person from outside Canada)
- Latin American (e.g. Argentinean, Chilean, Salvadoran)
- White/European (e.g. English, Italian, Portuguese, Russian)
- Prefer not to answer
- Do not know
- Other: _____

7. Primary language spoken (Select one)

- English
- French
- Indigenous language
- Other: _____

8. What best describes your current relationship status? (Select one)

- Single/Never Married
- Married
- Common law
- Separated
- Divorced
- Widowed

9. Who do you presently live with? (Check all that apply)

- Spouse/Partner
- Children
- Caregiver
- Grandchildren
- Parent(s)
- Roommate(s)
- Friend(s)
- No one, I live alone
- Other: _____

10. What best describes your current employment status? (Select one)

- Employed, full-time
- Employed, part-time
- Unemployed
- Unemployed, and receiving disability benefits
- Retired
- Other: _____

11. What best describes your current household gross income level? (Select one)

- Below \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$150,000
- More than \$150,000

12. What is your highest formal education level? (Select one)

- Elementary School
- High School
- College Degree
- University Degree

Other: _____

13. Do you identify as a veteran of the Armed Forces? (Select one)

- Yes
- No

14. Do you affiliate with any religious/spiritual tradition? (Select one)

- Yes
- No

15. For how long have you been living with chronic pain? (Select one)

Pain is defined by Health Canada as, “an unpleasant sensory or emotional experience associated with actual or potential tissue damage...Chronic pain is pain that continues for longer than 3 months.”

<https://www.canada.ca/en/public-health/services/diseases/chronic-pain.html>

- Less than 3 months
- 3 months – 6 months
- 6 months – 12 months
- 1-5 years
- 6-10 years
- More than 10 years

16. What type of chronic pain is it? (Select one)

- Neuropathic pain (pain caused by nerve injury or disease, such as sciatica or diabetic neuropathy)
- Nociceptive pain (pain caused by injury or disease affecting other tissues other than nerves, such as osteoarthritis)
- Nociplastic pain (pain that results without a clearly defined injury, such as fibromyalgia or non-specific low back pain)
- Mixed type of pain (e.g. a combination of neuropathic, nociceptive and nociplastic pain)
- Do not know

17. How often do you have pain? (Select one)

- Daily
- Weekly
- Monthly
- Other _____

18. Is your pain there all the time or does it come and go (episodic)?

- All the time
- It comes and goes
- Do not know
- Other _____

19. How bad is your chronic pain *on a regular basis* from 0 (no pain) to 10 (worst pain imaginable) (Place an x in the appropriate box)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
No pain											Worst pain

20. What pain management strategies are you *currently* using? (Check all that apply)

- Comprehensive pain program with a team of health care professionals
- Exercise therapy
- Stretching
- TENS: Transcutaneous electrical nerve stimulation
- Low level laser therapy
- Therapeutic ultrasound
- Pain education program
- Cognitive-behavioural therapy
- Family or group therapy
- Mind-body therapy (e.g., meditation)
- Spinal manipulation
- Natural or homeopathic remedies
- Acupuncture
- Massage therapy
- Over the counter medications: E.g., Tylenol, Advil
- Opioid medications: E.g., codeine, morphine, hydromorphone, tramadol
- Anti-depressants: E.g., duloxetine, amitriptyline
- Anti-seizure drugs: E.g., lamotrigine, gabapentin, carbamazepine
- Nonsteroidal anti-inflammatory drug (NSAID): E.g., naproxen, celecoxib
- Topical or dermal agents (applied to skin): E.g., capsaicin, lidocaine, topical diclofenac (Voltaren)
- Muscle relaxants: E.g., baclofen, tizanidine
- Cannabis
- Infusion of medications (e.g., lidocaine, ketamine)
- Nerve blocks and injections
- Nerve denervation (e.g., radiofrequency ablation)
- Others: _____

21. What pain management strategies have you *tried in the past*? (Check all that apply)

- Comprehensive pain program with a team of health care professionals
- Exercise therapy
- Stretching
- TENS: Transcutaneous electrical nerve stimulation
- Low level laser therapy
- Therapeutic ultrasound
- Pain education program
- Cognitive-behavioural therapy
- Family or group therapy
- Mind-body therapy (e.g., meditation)
- Spinal manipulation
- Natural or homeopathic remedies
- Acupuncture
- Massage therapy
- Over the counter medications: E.g., Tylenol, Advil
- Opioid medications: E.g., codeine, morphine, hydromorphone, tramadol
- Anti-depressants: E.g., duloxetine, amitriptyline
- Anti-seizure drugs: E.g., lamotrigine, gabapentin, carbamazepine
- Nonsteroidal anti-inflammatory drug (NSAID): E.g., naproxen, celecoxib
- Topical or dermal agents (applied to skin): E.g., capsaicin, lidocaine, topical diclofenac (Voltaren)
- Muscle relaxants: E.g., baclofen, tizanidine
- Cannabis
- Infusion of medications (e.g., lidocaine, ketamine)
- Nerve blocks and injections
- Nerve denervation (e.g., radiofrequency ablation)
- Others: _____

22. Do you currently use medical cannabis for chronic pain? (Select one)

Yes

-If yes, For how long have you been using medical cannabis for chronic pain? (Select one)

Less than three months

3 months – 6 months

6 months – 12 months

1-5 years

6-10 years

More than 10 years

No

-If no, Have you used medical cannabis for chronic pain in the past? (Select one)

Yes

No

23. Do you currently use or have you ever used medical cannabis for any condition(s) other than chronic pain? (Select one)

Yes (Describe) _____

No

24. Have you ever been prescribed/authorized medical cannabis for chronic pain? (Select one)

Yes

-If yes, who prescribed/authorized your medical cannabis? (Select all that apply)

Family doctor

Medical cannabis clinic

Pain management clinic

Psychiatrist

Other specialist (Describe) _____

Other non-doctor healthcare professional (Describe) _____

Online prescriber (Describe) _____

Other (Describe) _____

No

-If no, have you tried to have medical cannabis prescribed/authorized for your chronic pain? (Select one)

Yes

-If yes, why were you not prescribed/authorized medical cannabis for chronic pain?

(Describe) _____

No

-If no, what is the reason you have not tried to have medical cannabis prescribed/authorized?
(Describe) _____

25. If you use or have used medical cannabis for chronic pain, is/was the cannabis covered by insurance? (Select one)

- Yes
- No

26. If you use or have used medical cannabis, from where do you/did you buy the medical cannabis? (Check all that apply)

- Private vendor(s)
- Registered government vendors online or stores
- Other online vendor
- I grow it myself with a license to grow
- Family or friends with a license to grow
- "Black market" or other unlicensed venue
- Other(s) _____

27. Where do you receive or look for information to help you make decisions about whether or not to use medical cannabis for your chronic pain, and/or what type(s) and doses to use? (Check all that apply)

- Family doctor
- Medical cannabis physician or other prescriber
- Pain management clinic
- Other healthcare professional
- Cannabis retail store
- Online
- Family or friends
- Patient organization or health charity
- Other (Describe) _____

28. Do you use or have you ever used cannabis recreationally? (Select one)

- Yes
- No

29. If you currently use or have used medical cannabis for chronic pain, please provide information on the type(s) of medical cannabis currently or most recently used. (Please use additional page if needed)

Please note: THC is tetrahydrocannabinol and CBD is cannabidiol

Product name	Formulation (Describe, if known) -Milligrams of THC -milligrams of CBD -% THC -% CBD -Ratio of THC:CBD	Month and year started using	Month and year stopped using, or ongoing	Route -smoked plant -vaporizer (plant or extract) -vape pen (liquid concentrate) -other inhaled -oral (pill, oil), -edible, -drink -dermal (applied to skin)	Amount (dose, mg)	Frequency of use (how often)	Please describe any benefits or drawbacks of using this product

Appendix 2: Interview guide

Semi-structured key informant interview guide (30-45 minutes)

Participant

ID _____ Date _____

Location _____ Researcher _____

Start time _____ End time _____ Date of informed consent _____

Review and obtain informed consent - see informed consent form. Please note: (i) we will keep your information anonymous, and will use only it for research, and (ii) you can stop me at any time. Do you agree to be interviewed? (Yes) or (No).

OK to record (circle): Y / N

-Thank you for agreeing to be part of this study. I will be asking you some in-depth questions about your values and preferences around various aspects on the use of medical cannabis for chronic pain. Please answer as accurately as you can. Also, please feel free to ask me if you want any clarifications. This information will be kept confidential and any information used for data purposes will not link you to any of the information you provide. Do you have any questions before we start?-

Semi-structured interview questions –

1) You stated that you (do/do not) use medical cannabis for the management of chronic pain (see question 21, demographic questionnaire). What has led to your decision to (use/not use) medical cannabis?

Probes – Benefits (relief from pain, decrease use of other medications for pain, other effects)
Harms (Lung irritation or other adverse effects, not feeling in control of behaviour, others)
Barriers (Cost, values, preferences, stigma, cultural expectations, access, not sure where to find it, not sure what types to use)
Facilitators (Healthcare provider recommended, friends or family also use medical cannabis)

2) In your decision to (use/not use) medical cannabis, how did you weigh other considerations of benefits, harms, barriers and facilitators?

-IF participant answers that they do not use/have never used medical cannabis, skip to question 6

3) You stated you use cannabis via _____ (route(s) - see question 28, demographic questionnaire).

3A Why did you choose this/these route(s)?

3B Have you ever tried other route(s) of use? If so, which ones?

3C What are your reasons for choosing your current route(s) of medical cannabis use?

3D What are some benefits of this/these route(s)?

3E What are some drawbacks or harms of this/these route(s)?

3F What are the barriers of using this/these route(s)?

3G What are some facilitators of using this/these route(s)?

3H What might be some benefits or facilitators of using other route(s)?

3I What might be some drawbacks or barriers to using other route(s)?

3J If you use inhaled medical cannabis, how would you feel about switching to an oral form?

3K If you use oral medical cannabis, how would you feel about switching to an inhaled form?

Probes – Benefits (better relief from pain, tastes better/no taste, other effects)

Harms (Lung irritation or other adverse effects, not standardized dosing)

Barriers (Cost, access, availability)

Facilitators (More easily available, more socially acceptable)

4) You stated you use cannabis with high/low THC, and high/low CBD (see question 28, demographic questionnaire).

4A Why did you choose this type(s) of cannabis?

4B Have you ever tried other type(s)? If so, which ones?

4C What are your reasons for choosing your current type(s) of medical cannabis use?

4D What are some benefits of this/these type(s)?

4E What are some drawbacks or harms of this/these type(s)?

4F What are the barriers of using this/these type(s)?

4G What are some facilitators of using this/these type(s)?

4H What might be some benefits or facilitators of using other type(s)?

4I What might be some drawbacks or barriers to using other type(s)?

Probes – Benefits (better relief from pain, tastes better/no taste, other effects)

Harms (Lack control of behaviours, other adverse effects)

Barriers (Cost, access, availability)

Facilitators (More easily available, more socially acceptable)

5) You stated you purchase your medical cannabis from _____ (see question 25, demographic questionnaire).

5A Why do you purchase from this/these location(s)?

5B Have you purchased medical cannabis elsewhere, and if so, why did you stop purchasing from that/those location(s)?

Probes – Benefits (Standardized dosing, safety)

Harms (Not standardized)

Barriers (Cost, access)

Facilitators (More easily available, take insurance plan, customer service)

6) You stated you get information on the use of medical cannabis from _____ (see question 26, demographic questionnaire).

6A Why do you use that/those source(s) of information?

6B How do you choose your source(s) of information?

6C What role have those sources of information had in your decisions to use/not use/types of use?

6D How would you prefer to be able to access information on the use of medical cannabis?

Probes – Knowledge, expertise, lived experience of using medical cannabis, trust, credibility, openness to discussion

7) Who else would be good to speak with to get a clear understanding of values and preferences of medical cannabis use for chronic pain? Can you provide contact information for this/these individual(s)?

Probes – Other PLWCP, ways to engage other PLWCP

8) Is there any other information you feel I have left out which you would like to tell me regarding values and preferences of using medical cannabis for chronic pain?

Thank you for your time.

Is it ok to contact you again if I need any clarifications or have other questions?

OK to contact for further interview: Y / N

Are you interested in reviewing and providing feedback on our preliminary findings (i.e., member checking) (Also see consent form)?

OK to contact for member checking: Y/N

You should be receiving your gift card via email within the next 2-5 business days. Thanks again!

Appendix 3: Reflexive Exercise

Table 1. Reporting of investigator reflexivity

Research Team and Reflexivity ^a	Description
<i>Personal Characteristics</i>	
Interviewer	
Credentials	
Occupation	
Gender	
Experience and training	
<i>Relationship with Participants</i>	
Relationship established	
Participant knowledge of the interviewer	
Interviewer characteristics	

^a Adapted from the COnsolidated criteria for REporting Qualitative research (COREQ): <https://academic.oup.com/intqhc/article/19/6/349/1791966>

Appendix 4: Current and past pain management strategies used by participants

Pain Management Strategy	Number of Participants Currently Using Medical Cannabis (n = 40)		Number of Participants Not Currently Using Medical Cannabis (n = 12)	
	<i>Current</i>	<i>Past</i>	<i>Current</i>	<i>Past</i>
Cannabis	40	26	2	9
Over the counter medications	24	26	9	10
Stretching	23	26	6	9
Massage therapy	17	27	5	9
Exercise therapy	16	29	6	8
Topical or dermal agents (applied to skin)	15	23	5	6
TENS: Transcutaneous electrical nerve stimulation	14	19	4	8
Anti-depressants	12	21	1	5
Muscle relaxants	12	18	1	5
Mind-body therapy	11	16	4	7
Opioid medications	9	19	2	6
Nerve blocks and injections	8	10	3	5
Cognitive-behavioural therapy	7	14	2	4
Nonsteroidal anti-inflammatory drug (NSAID)	7	21	3	7
Anti-seizure drugs	6	11	4	6
Comprehensive pain program with a team of health care professionals	5	13	1	5
Pain education program	5	11	4	7
Spinal manipulation	5	16	2	4
Natural or homeopathic remedies	5	14	1	4
Acupuncture	4	20	1	4
Therapeutic ultrasound	3	10	0	3
Infusion of medications	2	3	2	2
Nerve denervation	1	4	0	0
Low level laser therapy	0	6	0	1
Family or group therapy	0	3	0	1
Others	5	2	3	1

Appendix 5: Additional Results

Appendix 5 Table 1. Benefits or facilitators, and drawbacks or barriers of various routes of administration for medical cannabis.

Route of Administration	Benefits or Facilitators	Drawbacks or Barriers
Oral ^a	<ul style="list-style-type: none"> • Provides more sustained and longer-lasting pain relief, compared to inhaled routes • Can better control dosage, compared to inhaled, and can get higher dose or more concentrated products • Feels safer, with fewer side effects, including less coughing and less harm to the lungs, compared to inhaled routes • More socially acceptable • Little or no odor or smell • Convenient • Recommended to some by their medical cannabis clinic, particularly oils and capsules • Some people find oral routes are easily available, have no problems with accessing 	<ul style="list-style-type: none"> • Takes longer to have an effect (delayed onset of action), therefore not useful for flare ups or breakthrough pain • Long lasting effect can also make any negative side effects last longer • No effect, or less effect than inhaled • Oils, capsules, and edibles are often more expensive than smoking or vaping • Taste may not work for some
Oil	<ul style="list-style-type: none"> • Effective for pain, as well as sleep, for some • Easy to control or adjust dose, compared to inhaled routes and to capsules or edibles • Easy to use and swallow • More concentrated than other forms • Feels more medicinal than inhaled routes • Convenient and easy to travel with • Preserves well and has a long shelf-life • Discreet, with little or no smell • Versatile – can use topically or orally, directly or in other products • Can keep away from children due to safety seal • Can make oil on own 	<ul style="list-style-type: none"> • Hard to dose consistently, especially with other medications or when using small doses • Has a bad taste or oily feeling • Has some negative side effects: can upset stomach or cause loose bowels, causes numbness under the tongue, drops blood pressure, causes difficulty with temperature regulation • Inconvenient and messy to carry around • Particular products are not always available and less availability than smoking, though availability has gotten better over time

<p>Capsules</p>	<ul style="list-style-type: none"> • More convenient, compared to oil, and easy to travel with • Easy to consume • Feel familiar or normal, comparable to other pills • Easy to manage dose – know the exact amount • Have less of a taste than oil or inhaled routes • Have no smell or odour • Do not upset stomach, unlike oils • Trust that capsules are a good quality product • More cost-efficient to some • Can keep capsules away from children, unlike edibles 	<ul style="list-style-type: none"> • Difficult to obtain products that worked for them in capsule form • Difficult to obtain specific or precise doses, compared to oil • Can cause stomach irritation • Can lose their shape/form after a long time
<p>Edibles (including cannabis-infused butter, baked goods, gummies, candies, and lozenges (n=1), drinks)</p>	<ul style="list-style-type: none"> • Most effective for relieving pain for some • For some, can control dosage better, compared to oils or capsules • Convenient, portable, and discreet • Feel comfortable with edibles – like any other food or snack • Taste good or mask taste of cannabis • Can buy high dose edibles and cut into smaller doses to save money • Can make at home, eg. Butter using a Magical Butter Machine 	<ul style="list-style-type: none"> • Have not found edibles that worked for pain, or did not provide lasting pain relief • Difficult to measure dosage in edible and varies with eating, cannot be sure of effects • Harder to get edibles that will work because of the legal limit; doses of CBD are not as high as with oils, lean more heavily on THC content • Not always available, including vegan options, and making on own is a lot of work for some • Can cost more than other oral routes with the same benefit • If like the edible, then may eat too much and then have a bad time • Some edibles do not taste good • Can cause nausea • Prefer to take cannabis as a medicine • Drinks have a lot of sugar • Drinks are not concentrated and would need to drink a lot to get proper dosing
<p>Spray* (n=5) (*oral sprays or for topical application)</p>	<ul style="list-style-type: none"> • Convenient 	<ul style="list-style-type: none"> • Not effective • Gets jammed • Discontinued or not widely available
<p>Sublingual strips (n=2)</p>	<ul style="list-style-type: none"> • Provide immediate relief • Can adjust or titrate dose • Discreet 	<ul style="list-style-type: none"> • Expensive

<p>Inhaled^a</p>	<ul style="list-style-type: none"> • Rapid onset, so useful for breakthrough pain or short-term pain-relief • Negative side effects do not last as long • Can adjust dosages more easily than with oral routes, and can stop when desired effect is achieved • Smoking or vaping provides terpenes • Can be less expensive than oral routes • Products are more easily available, and there are a variety of products • New products coming out such as cannabis inhalers 	<ul style="list-style-type: none"> • Effects are shorter-lived, compared to oral routes • Negative effects - burning in throat and lungs, cough, concerns about long-term effects on lungs • Some people have quit smoking or do not want to smoke or vape • Can be difficult to manage dose, compared to oral • Less socially acceptable, compared to oral • Do not like smell
<p>Smoking</p>	<ul style="list-style-type: none"> • Traditional route of administration for cannabis, used to smoking • Like the feeling of smoking to relieve stress • For some, least expensive, compared to vaping and oral routes • Most easily available route, variety of products • Convenient and portable, and does not require too much equipment 	<ul style="list-style-type: none"> • Does not help with pain • Cannot get high doses with smoking • Do not like experience of smoking • Unable to roll joints • Short-term physical effects: congestion, headaches, cough, dry mouth, dehydration, burned lips, raspy throat, bloodshot eyes, anxiety, nausea, light-headedness • Long-term side effects to lungs, heart (in self or others) • Difficult to manage or balance preferred dosage with smoking, can get close to overdose • Bad smell and taste • Less socially acceptable because of smoke and smell • Cannot use around family, including children • Addictive, feel withdrawal symptoms or disturbed when need to stop

<p>Vapourized (including vapourizers, vape pens, dab pens)</p>	<ul style="list-style-type: none"> • Milder on throat, compared to smoking • Can control terpenes • Metabolizes quickly so out of system faster and easier to learn to manage • Product lasts longer with vaping than smoking because chamber is smaller • For some, cheaper than smoking • Convenient and easy to use, compared to smoking • More discreet or socially acceptable than smoking • Easier on the lungs, no combustion, can adjust temperature so it is not as harsh, and cleaner, compared to smoking 	<ul style="list-style-type: none"> • Irritates the throat and lungs and causes cough, dry mouth, can burn yourself • Concern about effects on lungs, especially not tested, and metals and other ingredients (uncertain about potential side effects) • Can be harmful if you do not change out the flower and vape the same flower too often, baked product • Need to clean or maintain equipment • More expensive than smoking, especially with initial investment to buy equipment • Logistics of carrying and using some equipment, can be inconvenient and messy and difficult to travel with, as well as time consuming to charge or grind flower • Need to know how to operate equipment, e.g. adjust temperature • Can still produce smoke and smell, so still not socially acceptable
<p>Dermal^a</p>		
<p>Lotions, balms, and oils</p>	<ul style="list-style-type: none"> • Effective for pain, specifically muscle pain • No side effects, since cannabis does not enter bloodstream • Seems less harmful than smoking, vaping or ingesting • Can use on specific areas of the body • Easy and convenient to use • Can make own products • Some products smell good 	<ul style="list-style-type: none"> • Not effective for pain, especially deeper sources of pain • Pre-made topicals have alcohol-menthol or other irritants; but with a compounding pharmacy, can tailor creams so they are not irritating to skin • Inconvenient to remember to use, and can be messy • Some products, like homemade oils, can smell strong • Expensive • Products are often out of stock and suppliers sometimes change the formula
<p>Patches (n=2)</p>	<p>--</p>	<ul style="list-style-type: none"> • Not effective for pain • Not many available • Can cause skin irritation
<p>Bath bombs (n=1)</p>	<p>--</p>	<ul style="list-style-type: none"> • Not effective for pain
<p>Suppositories (n=1)</p>	<ul style="list-style-type: none"> • Could potentially relax local muscles in anal or perineal area • Theoretically, no psychoactive effects from THC 	<ul style="list-style-type: none"> • Uncomfortable with idea of using suppositories

^aNote about Appendix 5 Table 1: Rows with a grey infill indicate benefits or facilitators, and drawbacks or barriers that participants noted about types of routes of administration (oral, inhaled, and dermal). Rows with a white infill indicate benefits or facilitators, and drawbacks or barriers that participants noted about specific routes of administration that may be categorized under oral, inhaled, or dermal routes. Oral routes include oil, capsules, edibles, spray, and sublingual strips; Inhaled routes includes smoking and vapourized; Dermal routes include lotions, balms, and oils, patches, bath bombs, and suppositories.

Appendix 5. Table 2. Advantages and drawbacks of sources of cannabis

Location	Advantages	Drawbacks
Registered government medical cannabis vendors	<ul style="list-style-type: none"> • Recommended by healthcare professionals or mandated if covered by disability insurance or Veterans Affairs Canada • Quality - approved and regulated by Health Canada, so safe and reliable products • Will recall products if problems found through testing • Carry high CBD products or preferred routes such as oils • Agents provide good customer service and are knowledgeable • Convenient and discreet • Tax deductible 	<ul style="list-style-type: none"> • Potential availability issues from registered vendors (limited or inconsistent supply at times or for specific products) • Obtaining authorization and registering can be time consuming, and difficult to change registration from one vendor to another • Delivery times can be a problem for some • Licensed producers have a cap on amounts of cannabis and minimum amounts needed to be purchased • Use strange names for products, feels unprofessional • Customer service is not consistently good, and/or trust issues with government • Cannot provide medical advice
Recreational cannabis vendors	<ul style="list-style-type: none"> • Alternative option if do not have a prescription/not authorized • Legal, and less stigmatizing than underground market • Some have pharmaceutical grade products or carry their preferred products, such as CBD oil • Safe and trustworthy • Availability, variety and fresh products • Easy access – several locations and offer online or phone ordering, and delivery or pick-up • Clerks and store websites provide information on products and experiences from self or customers 	<ul style="list-style-type: none"> • Not all cities have stores • Some feel they are not standardized, compared to medical cannabis vendors • Use strange names for products • Limited high CBD product supply • Inconsistency in strains • Not covered by insurance • Clerks may not be helpful or supportive for medical cannabis use • Cannot provide medical advice
Homegrown	<ul style="list-style-type: none"> • Cheaper • Can control and know what you are getting and what was used to produce the cannabis • Can customize and share products of choice, can be enjoyable or a hobby • Can buy seeds online or through a cannabis retailer 	<ul style="list-style-type: none"> • Complicated and expensive to set up • Not reliable, and growing conditions can change potency, so not consistent dosing • Long approval process • Limited in how many plants can be grown, may not be enough to meet needs • CBD seeds hard to obtain
Underground market	<ul style="list-style-type: none"> • Alternative option if do not have a prescription/not authorized, or do not trust government 	<ul style="list-style-type: none"> • Quality not regulated, cannot be sure what you are getting • Not reliable

	<ul style="list-style-type: none">• Convenient and quick• Cheap	<ul style="list-style-type: none">• Illegal and concerns about the environment• Not always convenient• Questionable payment options• Not covered by insurance• Cannot provide medical advice
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