

Clinicians' perspectives on medicinal cannabis in opioid dependence treatment clinics in New South Wales, Australia

Sociodemographic		
1.1	How would you identify yourself?	<input type="radio"/> Man, or male <input type="radio"/> Woman, or female <input type="radio"/> I use a different term <input type="radio"/> Prefer not to answer
1.1a	Please tell us which gender identity you most readily identify as.	----- (Please specify)
1.2	Please let us know how old you are in years.	----- (Years old)
1.3	Which Local Health District or Health Network are you employed at?	
1.4	In what capacity are you employed at your Local Health District or Local Health Network?	<input type="radio"/> Doctor <input type="radio"/> Registered Nurse <input type="radio"/> Psychologist <input type="radio"/> Social worker <input type="radio"/> Consumer worker <input type="radio"/> Pharmacist <input type="radio"/> Manager <input type="radio"/> Other ----- (Please specify)
1.4a	Please tell us in what level you are practicing? (if "Doctor")	<input type="radio"/> Staff specialist <input type="radio"/> Registrar <input type="radio"/> Resident Medical Officer <input type="radio"/> Career Medical Officer <input type="radio"/> Visiting Medical Officer
1.4b	Please tell us at what level of nursing you are practicing? (if "Registered Nurse")	<input type="radio"/> RN 1-3 <input type="radio"/> RN 4-8 <input type="radio"/> CNS1 or 2 <input type="radio"/> CNC <input type="radio"/> NUM or NM
1.5	How many years have you worked in Opioid Treatment Program (OTP) services? (please provide a number).	----- (yrs)
1.6	How many hours do you currently spend on average working in OTP each week?	<input type="radio"/> Less than 10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-20 hours <input type="radio"/> 31-40 hours <input type="radio"/> More than 40 hours
1.7	What is your average OTP case load in the last three months (number of clients for whom you prescribe, or case manage or provide clinical care)	----- (Please provide a number)

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Medicinal Cannabis		
The following questions concern your perspectives on medicinal cannabis (e.g., THC, CBD, and THC-CBD based medicines)		
5.1	I believe that medicinal cannabis should be an option for some OTP clients to address their cannabis use.	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Unsure <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree
5.2	I believe that medicinal cannabis should be an option for some OTP clients to address other health conditions (e.g., pain, mental health, sleep, palliative care).	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Unsure <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree
5.3	What percentage of <i>your total OTP client caseload</i> do you think are currently accessing legally prescribed medicinal cannabis to treat any clinical condition?	<input type="radio"/> 0 <input type="radio"/> 1-20% <input type="radio"/> 21-40% <input type="radio"/> 41-60% <input type="radio"/> 61-80% <input type="radio"/> 81-100% <input type="radio"/> Do not know
5.4	What percentage of <i>your total OTP client caseload</i> have asked you about accessing medicinal cannabis products?	<input type="radio"/> 0 <input type="radio"/> 1-20% <input type="radio"/> 21-40% <input type="radio"/> 41-60% <input type="radio"/> 61-80% <input type="radio"/> 81-100% <input type="radio"/> Do not know
5.5	<p>Please indicate the extent to which you “agree or disagree” with each of the following statements:</p> <p>“There is strong evidence for the use of medicinal cannabis containing THC or THC-CBD combination to treat the following conditions.”</p> <p>Neutral: The evidence is NOT CLEAR/EQUIVOCAL.</p> <p>Unsure: I am NOT FAMILIAR with evidence.</p> <p>Disagree: There IS NO STRONG evidence (insufficient to support routine clinical use as first- or second-line treatment).</p> <p>Agree: There IS STRONG evidence (sufficient to support routine clinical use as first- or second-line treatment).</p>	
	a. Cannabis dependence	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure

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	b. Opiate withdrawal	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	c. Chronic pain	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	d. Anxiety	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	e. PTSD	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	f. Depression	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	g. Sleep problems	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	h. Palliative care	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	i. Epilepsy	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	j. Multiple sclerosis	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree

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		<input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
5.6	<p>Please indicate the extent to which you “agree or disagree” with each of the following statements:</p> <p>“There is strong evidence for the use of CBD-based medicinal cannabis to treat the following conditions.”</p> <p>Neutral: The evidence is NOT CLEAR/EQUIVOCAL.</p> <p>Unsure: I am NOT FAMILIAR with evidence.</p> <p>Disagree: There IS NO STRONG evidence (insufficient to support routine clinical use as first- or second-line treatment).</p> <p>Agree: There IS STRONG evidence (sufficient to support routine clinical use as first- or second-line treatment).</p>	
	a. Cannabis dependence	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	b. Opiate withdrawal	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	c. Chronic pain	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	d. Anxiety	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	e. PTSD	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure

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	f. Depression	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	g. Sleep problems	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
	h. Palliative care	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neutral <input type="radio"/> Agree <input type="radio"/> strongly agree <input type="radio"/> Unsure
5.7	How confident are you in assisting clients to access prescribed medicinal cannabis?	<input type="radio"/> Very confident <input type="radio"/> Somewhat confident <input type="radio"/> Unsure <input type="radio"/> Not very confident <input type="radio"/> Not at all confident
5.8	How confident are you regarding your understanding of the current regulatory requirements to provide medicinal cannabis to a client in NSW?	<input type="radio"/> Very confident <input type="radio"/> Somewhat confident <input type="radio"/> Neutral <input type="radio"/> Not very confident <input type="radio"/> Not at all confident
5.9	Have you ever provided treatment with medicinal cannabis products for any client (not just OTP clients)	<input type="radio"/> Yes <input type="radio"/> No
5.10	How concerned are you about each of the following potential adverse events / side effects of medicinal cannabis?	
	a. Increased anxiety or depression	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	b. Increased psychosis	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	c. Cognitive impairment (e.g. memory, slowed thinking)	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned

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	d. Interaction with other medications	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	e. Over-sedation	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	f. Physical side effects (e.g. respiratory, cardiac)	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	g. Cannabis dependence	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	h. Non-medical use (e.g. diversion to others)	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	i. Driving-related problems	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	j. Parenting-related problems	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	k. Stigmatisation of clients	<input type="radio"/> Not at all concerned <input type="radio"/> Not very concerned <input type="radio"/> Uncertain <input type="radio"/> Concerned <input type="radio"/> Very concerned
	l. Others (please list)	----- ----
5.11	What aspects of treatment with medicinal cannabis would you like to know more about (tick all that apply)	<input type="radio"/> Evidence of efficacy of medicinal cannabis for treating cannabis dependence <input type="radio"/> Evidence of efficacy of medicinal cannabis in treating other health conditions

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		<ul style="list-style-type: none"> ○ Indications and contraindications for medicinal cannabis ○ Adverse events and their management ○ Interaction with other medications and other substances ○ Types of medicinal cannabis preparations ○ Regulatory framework for accessing medicinal cannabis ○ Pharmacokinetics ○ Cost of medicinal cannabis products ○ Other
5.11.a	If "other", please specify.	-----
5.12	Which education platform would be useful in providing education for prescribing medicinal cannabis? (tick all that applies)	<ul style="list-style-type: none"> ○ Clinical practice guidelines ○ Training programs (face-to-face or online webinars) ○ Self-directed E-learning ○ Peer-reviewed literature (e.g., journal papers) ○ Other