

Table S1. Coding frame with exemplar quotes

Prescriber Influence Perceived to be a Barrier to Reducing Benzodiazepines			
Theme	Subtheme	Definition	Exemplar quotes
Prescriber Behaviour	Tendency to overprescribe	A liberal attitude towards prescribing benzodiazepines to patients	<p>This is in the case of my GP; you tell them how you feel, and they give you a prescription (P2)</p> <p>[...] it's actually really surprising to me that it's so easy to get when there's other options and I think these drugs have great risks for people that just kind of get, you know, after 15 minute discussion with your doctor you get these prescriptions (P11)</p> <p>I had a doctor who was just constantly prescribing it he had no problems prescribing it constantly, knowing that it's meant to be used for temporarily anxiety relief (P21)</p>
	Lacks sufficient benzodiazepine knowledge	Does not demonstrate satisfactory knowledge of dose equivalencies or risks associated with ongoing benzodiazepine use	<p>He switched from 1.5mg of Alprazolam to 1.5mg of Clonazepam. I didn't know anything about transferring to that, but Clonazepam is twice as strong as Alprazolam, and I just felt on a high (P10)</p> <p>My understanding of the medical profession now is between 80-90% of doctors don't understand the withdrawals and the side effects of Benzodiazepines (P23)</p> <p>Well they've all got a duty of care but... they don't exercise it when prescribing benzos (P26)</p> <p>I mean I was going to my doctor, and he started me on 2mg. And after a couple of months it wasn't doing anything, so they put me up to 5, and then they put me up to 10mgs. I mean, that's a pretty big dose. I don't think at that time I needed that dose (P32)</p>
	No informed consent	Fails to inform or does not fully inform patient of risks associated with taking benzodiazepines	<p>It was never explained that this medication could be addictive. I just took it for granted and I trusted the doctor and I was taking them (P2)</p> <p>I was very angry with the first doctor in particular, that he never told me anything about it, and I was fine on just antidepressants like I wasn't having problems sleeping or anything, I was settled. And the second doctor, for not telling me about the long-term effects and how bad it is for you (P10)</p> <p>I didn't know you weren't allowed to drive on Valium, and I realized when I was driving that I couldn't quite concentrate on everything that was going on. That part hadn't really been explained to me, so that really was not a good situation to put myself in (P12)</p> <p>Now at no stage did the GP say look we have to be careful 'cause these are addictive, or you'll get dependent on them (P26)</p>

Prescriber Behaviour cont.	Does not monitor use	Prescribes consistently without review or discussion of efficacy, side effects, duration of treatment, etc.	<p>Usually, what I would do is just phone, and ask for a prescription a repeat prescription. So, I felt like they would just send it through careless like that was a but irresponsible, and then, as I thought about it more, I was like nobody's really looking out for me here, I need to look out for myself (P32)</p> <p>It was always there and if we needed more, if we'd run out, then it was just another script to get. So, sometimes he would write them and write extra ones and date them forward (P34)</p> <p>I can't recall a doctor saying look, we've got to stop this after four or five scripts. Or, there wasn't any doctor that said you've got to start tapering off it now. That actually didn't happen, and maybe it was just a freakish, rare experience in my case, but it just didn't happen (P35)</p>
	Reduces too rapidly	Disregards, is unaware of, or does not communicate guidelines for safe reduction from benzodiazepines	<p>The doctor said "no, you shouldn't have gone cold turkey off these it's not good", so he put me back on it. But he never explained that they're bad for you and you should try to get off them slowly (P10)</p> <p>I didn't have the duty of care from my GP at the time to help me wean off it (P21)</p> <p>But when I was on three a day, a different GP that I saw told me that because of all the stigma there is around it, he wanted me to come down to one a day. So, when I tried that, that's when I had a huge relapse. But at the time I didn't even know that is what it was, I thought that I had the worst hay fever ever when I've never even experienced hay fever (P34)</p>
	Does not promote other evidence-based treatments	Prescriber does not suggest or explore other treatment options with patient	<p>And, back then no one ever offered me any other ways to help battle anxiety.... unfortunately (P2)</p> <p>[...] it's actually really surprising to me that it's so easy to get when there's other options and I think these drugs have great risks for people that just kind of get... you know... after 15 minute discussion with your doctor you get these prescriptions (P11)</p> <p>Instead of you know, suggesting psychiatric help or anything like that, he just prescribed me one script of the 2mg of Lorazepam (P21)</p> <p>Over the years that I've been pretty badly mismanaged, because I kept seeing the same GP and, went through a slew of different types of medications (P34)</p>
Prescriber Treatment Approach	Does not share decision-making	Prescribers decision-making is conducted without patient input or consultation	<p>When I was on the Xanax [...] I did have a GP say, "no I'm not gonna write another script" and I was kind of, you know, had that flash of "but no I need it!" kind of thing, like "how dare you" (P11)</p> <p>So, I didn't have any sense of security in knowing that I could be on a stabilising dose for a while, I was continually worried about what was going to happen (P35)</p> <p>I mean if you go to a new GP and say I'm taking this, they sort of look at you like 'wow, why are you taking that' and 'how can I take you off it', rather than talking with you about how you take it, and how it works for you (P36)</p>

Prescriber Treatment Approach cont.	Limits opportunity for discussion	Prescriber does not actively promote open and two-way communication regarding the patients' benzodiazepine or their treatment	<p>And I said, "why did you put me on that, why did you tell me that it's safe to use and it's not addictive as long as you take it as prescribed?" I said, "I read all this on the internet, and I spoke to people", and he said, "oh... that's all poppycock I wouldn't listen to a word they say", so... just dismissed it out of hand (P10)</p> <p>We never ever prescribe drugs of addiction, or drugs of dependency. So, it's more or less, don't even ask because you won't get them. So, I can't talk to my GP about them (P26)</p> <p>[...] a doctor that's not a very two-way communicator. So, it's more or less like you go and see her with butterflies in your stomach because you don't know what she's going to say (P35)</p>
	Retains control	Prescriber retains a position of authority with prescribing, and does not facilitate patient agency in their treatment	<p>Because in the past we've faced a lot of gatekeeping, particularly by medical professionals, generalised statement here but we have a hard time trusting medical health professionals (P12)</p> <p>I used to go to another doctor in that clinic, but this guy who gave them to me said to me I don't want to go back to [GP], I want you to come to me. I will manage this. So, I stayed on them... but I didn't really like him, and then I was embarrassed to go back to [GP] (P26)</p> <p>[...] you don't know what she's going to say about the tapering, whether she's going to say like, I'm going to take one off it now and you're going to have two a day from now on. So, it's very, even now, its very kind of precarious (P35)</p>
	Rigid and rule-bound	Prescriber follows regulatory guidelines, or other policies, in a way that is inflexible to patient needs	<p>I would find a doctor who was actually a bit more scientific and compassionate about a particular situation not some rule from the AMA (P11)</p> <p>We never ever prescribe drugs of addiction, or drugs of dependency. So, it's more or less, don't even ask because you won't get them (P26)</p> <p>If they computerize all the doctors online, then the doctors will be able to see who's doctor shopping and deny that patient or whatever, but to deny everybody for a small percentage, people that have these medications don't abuse them because that is their lifeline [...] To say well, you know, you can't have it anymore, that's just being cruel (P30)</p>
Prescriber Attitude	Stigmatises patient	Prescriber responds to patient behaviour rather than patient experience leading to stigmatised or generalised responding	<p>That was the worst thing. I didn't even know of the term [doctor shopping] and that's exactly how it felt. The only reason I wanted to come off it was just starting to feel really, hard to get the pill that I was on. I just didn't want to feel like I was being treated like a junkie (P34)</p> <p>So, that's something that I feel pretty strongly about. I mean, at no time did anyone take stock of that on my behalf or with me. And then suddenly when the scripting system came in, they just abandoned, they abandoned me (P35)</p> <p>I mean if you go to a new GP and say I'm taking this, they sort of look at you like 'wow, why are you taking that' and 'how can I take you off it', rather than talking with you about how you take it, and how it works for you (P36)</p>

Prescriber Attitude cont.	Does not prioritise understanding the patient	Prescriber does not recognise or emphasise the importance of understanding unique needs of the patient	<p>At that time the medication didn't really work, and this is why doctor, because I was constantly anxious, and the doctor just gave me different medication and a high dosage of medication and I think that was an absolute mistake (P2)</p> <p>It's no good to just say, no you can't have it without offering other supports, or making sure that people are educated and kind of know really what's going on. To just kind of have a blanket rule about it is awfully cruel, and it seems medically unsound (P11)</p> <p>I think doctors get outraged when they know that you've been to another doctor. So, I guess when they find that out, they treat it almost like a criminal issue rather than a health issue (P35)</p>
	Non-supportive and/or demonstrates minimal compassion	Prescriber exhibits minimal understanding or empathy towards patient experience and needs	<p>I wrote him a letter and explained how unhappy I was that he put me on it. He could have put me on it for a week or two, I wasn't in a bad state then (P10)</p> <p>She says, oh you know, more or less brushes me off and says that small dose is nothing, but to me it is (P26)</p> <p>And she just told me that this is what I was going to be having from now on. Told me that I would have to get them every day and didn't really provide any support or anything (P35)</p>
	Dismissive or minimising of patient experience	Prescriber is unaware, unconcerned, or dismissive of the patient experience and/or prioritises own responsibilities over patient wellbeing	<p>And I said, "why did you put me on that, why did you tell me that it's safe to use and it's not addictive as long as you take it as prescribed?" I said, "I read all this on the internet, and I spoke to people", and he said, "oh... that's all poppycock I wouldn't listen to a word they say", so... just dismissed it out of hand (P10)</p> <p>And most doctors feel, they don't, they just think it's a bit of a laugh... that 8mgs you should just be able to go off in one day (P26)</p> <p>So, that's something that I feel pretty strongly about. I mean, at no time did anyone take stock of that on my behalf or with me. So, and then suddenly when the scripting system came in, they just abandoned, they abandoned me (P35)</p>

Prescriber Influence Perceived to be a Facilitator of Reducing Benzodiazepines

Theme	Subtheme	Definition	Exemplar quotes
Prescriber Behaviour	Monitors use	Prescriber routinely checks in with patient regarding frequency and duration of use	<p>My doctor that prescribed it in the first instance he's great. And he was the one that only prescribed me 2mgs, and he was really quite cautious with it, he would see me every week (P32)</p> <p>[...] with my other medications he'll give me repeats, but with my benzodiazepines he won't, and he'll monitor how often he prescribes them to keep me safe (P33)</p> <p>But I've reported that it's something that I'm on and I've been on long-term, so hopefully she won't have any issues re-prescribing. I'm guessing she'll want to monitor how much I'm using, and so on, which is sensible GP'ing (P36)</p>

Prescriber Behaviour cont.	Good benzodiazepine knowledge	Prescriber demonstrates satisfactory understanding of harms associated with taking benzodiazepines	<p>Cause he asked how many I'm using, and we talked about other drug therapies, and I suppose if I still had have kept that reliance on what I thought of as fairly high use benzos he would have looked for something else, but we got past that in probably six months and started reducing down (P1)</p> <p>Her reluctance with benzos is that, she is always wary of people becoming dependent on them. So, her red flag would be if I was asking for prescriptions too close together, or more frequently (P18)</p> <p>The doctor that did initially prescribe it to me, was very on top of all that stuff and kept reminding me, like this is an addictive drug, I don't want you to be on this long-term (P32)</p>
	Regularly encourages reducing	Prescriber begins and facilitates deprescribing conversations at varying treatment intervals	<p>So, I went to this lady doctor and she said to me, "these tablets aren't really good to be on, I'd like to send you to a psychiatrist". She said, "I'll still treat you, but you know, just for diagnosis", and she said "I don't really like those tablets". Even though she prescribed them herself then for me (P26)</p> <p>Yes, he did suggest at various times, and he still does, that I try and cut like take slices off the Serepax (P29)</p> <p>It was my doctor's suggestion, and I needed counselling as well, so I went to Reconnexion as they're qualified and know how to do it properly (P31).</p>
	Demonstrates caution in prescribing	Prescriber aware and takes consideration of ongoing risks associated with benzodiazepine prescribing	<p>The clonazepam was very much a last resort, and that's what my [doctor] always told me, it's a last resort, no one wants to be one this medication long term (P5)</p> <p>As a general rule, she doesn't normally prescribe benzos, however every time that I raise the possibility, that it's the first thing that she says, but she's then always gone on to prescribe them (P18)</p> <p>When I initially went there I provided them with my patient history with all my medications that I take, and I said look, "Are you willing to prescribe these on an ongoing basis?" and they said "Yep it should be fine, I mean obviously with the benzos I'd like to see you a few times and sort of get to know you a bit better before I prescribe them" (P28)</p>
	Informed consent	Prescriber educates patient about the risks associated with benzodiazepines	<p>That was the first thing he said to me, "Do you know much about benzodiazepines?" and I said "yes", and he's like, well you know that... he just reiterated it, just to make sure that I understood (P32)</p> <p>My GP and my therapist and my rheumatologist would all say to me to be like mindful and like careful about how I take habit forming medication, but they're all of the opinion that you know, if you need to take it, then you need to take it (P14)</p> <p>I think that GPs should be educating people about them so that they do have that level of knowledge (P17)</p>
	Reviews efficacy	Prescriber continues to prescribe benzodiazepine	<p>He would wonder what therapeutic benefit I'm getting from them if I'm still using them or is there something else, we need to be looking at, a different type of chemical intervention or a different therapy (P1)</p>

Prescriber Behaviour cont.		only if benefits are gained and/or are superior to other treatments	<p>She's often said to me, that as long as it's helping and working, then that's all that she wants (P12)</p> <p>If I was taking them too often my GP would stop prescribing them or talk to me about it and find an alternative (P33)</p>
	Promotes other evidence-based treatments	Prescriber explores and promotes other treatment options where possible to minimise need for benzodiazepine	<p>We did a transition, or we were trying to transition from using that to instilling other strategies such, grounding mindfulness and other forms of, sort of self-directed therapy (P1)</p> <p>I was quite lucky that I had a GP sort of, educate me into other ways to deal with the anxiety rather than just keeping writing me a script (P11)</p> <p>My GP was the one, she kept saying have you gone to Reconnexion, and I said "no", and I didn't know what it was about. And she asked me again the next week, she was like, "It's not gonna hurt just go" (P21)</p>
Prescriber Treatment Approach	Shares decision-making	Prescriber demonstrates a willingness to share decision-making regarding benzodiazepine use	<p>[...] there's always gotta be a compromise between the health professional and the client, because at the end of the day it's them making the decision to put it into their body. I think that it should still be a two-way conversation about what's going to work and what's appropriate (P17)</p> <p>I go to the pharmacy every day to pick up my daily pick up and my doctor thought I got to a point where I was well enough to go every third day but then I just got upset one day and just took 'em all. So, I went back to her straight away and said, "put me back on daily pick-ups" (P21)</p> <p>I said "look, I don't think I really need to be taking it anymore, I feel like I'm sort of in control now and my mentality is a lot better, so I'd like to wean off of it" and she's like, "Yep, sure. I'll put you down to this", you know (P28)</p> <p>If I was taking them too often my GP would stop prescribing them or talk to me about it and find an alternative. But then, once I have the prescription I decide when to take them, we just kind of have half the responsibility each. I'd say my GP and I are pretty equal (P33)</p>
	Fosters open communication	Prescriber creates opportunities for the patient to share their experience and discuss their treatment	<p>I was very open, and I explained my situation, I explained that I would be very happy to be reducing from this medication and eventually be free of them, and she supported me, and we made a plan (P2)</p> <p>I think that if I was presenting more frequently [...] then she would have conversation with me about why. About how else we would manage it because I don't think she would want me to be taking more than what is prescribed, or what is necessary, and she knows that I don't want to do that either (P17)</p> <p>How do I explain this, my GP and I have a very open and respectful relationship with each other (P18)</p> <p>But we have a good relationship and we discuss everything through (P33)</p>

Prescriber Treatment Approach	Empowers patient in their treatment	Prescriber demonstrates trust and supports patient to have agency in their treatment	<p>I'm very lucky to have a doctor that does trust my judgment as far as the need for them goes (P17)</p> <p>I said to him "I think I need to go back on 'em again doc", you know I said, "I'm just not functioning", and he agreed... once I told him my symptoms and everything and how I was feeling (P23)</p> <p>I've been taking various mental health medications for a lot of years, so she knows that I know how to control that myself and I know what's best and everything and she trusts my judgment as well (P28)</p> <p>I need something for my anxiety, but I don't want repeat prescriptions, and I don't want to be on this for like, for any real length of time, so they were on board with it as well and understood that (P32)</p>
	Flexible and tailors their approach	Prescriber adjusts approach according to the patients' needs and experience	<p>If I was presenting there more frequently or going through them quicker than what I should be then she would have conversation with me about why, about how else we would manage it because I don't think she would want me to be taking more than what is prescribed and she knows that I don't want to do that either (P17)</p> <p>I know that my doctor doesn't like giving them, but my doctor also knows that, particularly because of the type of work that I do and also my general background, that she knows I wouldn't ask for them unless there was a reason for it (P18)</p> <p>And I've told him, "do you know about it?". "No". So, I've given him pages to look up to learn about it, and I said to him, "if you're prepared to learn about this disease then I'll come to you". So, he said, "well, give me a couple of weeks" (P30)</p>
	Collaborates with other healthcare providers	Prescriber makes effort to work with other clinicians involved in their patients' treatment	<p>Initially we were very much there's my GP and there's my psychiatrist, and they were very much about only one of them prescribing (P1)</p> <p>I was having auras, and I was sent home with Frisium, and it didn't work. I was telling him [neurologist] it didn't work, and he said keep taking it. It was my GP that spoke to him and managed to convince him to give it up and send me back to hospital, and then I was sorted properly (P5)</p> <p>My GP [...] she's been there every step of the way. I think she would do what the counsellor says, they work together (P21)</p>
Prescriber Attitude	Genuine desire to understand the patient	Prescriber places value and importance on understanding the unique experience of the patient	<p>All three of the people who are on my treating team, because they know me very well, they've taken a lot of time to get to know me and what I'm going through (P1)</p> <p>Well, he'd put that to me, as I said he's made suggestions that I try and cut them down but when we've discussed it, I explained to him. He understands that when you've been on something like that for a long time it's very difficult to do, and you probably need something else (P29)</p> <p>I found it really hard to find a doctor that actually understood. To have one that has researched it, I would trust her (P30)</p>

Prescriber Attitude cont.	Demonstrates compassion and offers support	Prescriber shows concern and compassion towards the patient and modifies treatment plan accordingly	<p>She's often said to me, that as long as it's helping and working, then that's all that she wants. Unless I was abusing it or if she thought I was too dependent on it. But I say that hesitantly because I would have to be willing in that situation. She wouldn't be just like "you're using it too much, you're too dependent on it – none for you" no, she wouldn't do that because that would just be so much emotional distress (P12)</p> <p>My GP... I love her. I am so grateful that I found her, she's been there every step of the way (P21)</p> <p>I would talk to my GP about it and see if we could come up with some alternatives that would not see me go cold turkey. He's been very understanding of my situation (P29)</p> <p>If I take a double dose, then I say to her "I've had to double up", she understands. I mean, because she has studied up on it, and she's said to me "I'm really proud of you, what you're taking" the low doses I'm taking of everything, compared to what she has read that others are taking. So, that made me feel good (P30)</p>
	First priority is patient wellbeing	Prescriber places importance on and prioritises patient wellbeing, which may mean contravening standard practice	<p>I know that my doctor doesn't like giving them, but my doctor also knows that, particularly because of the type of work that I do and also my general background, that she knows I wouldn't ask for them unless there was a reason for it (P18)</p> <p>My GP was the one, she kept saying, "have you gone to Reconnexion?", and I said "no", and I didn't know what it was about. And she asked me again the next week, she was like... "it's not gonna hurt, just go". And I have no idea what I would have done with myself if I hadn't come [...] I get positively overwhelmed thinking about how much it's been helpful (P21)</p> <p>The doctor would be probably the most discouraging one of the lot, but he knows that I don't sleep if I don't have them (P29)</p>
Perceived Barriers to Reducing Benzodiazepines			
Theme	Subtheme	Definition	Exemplar quotes
Original problem persists		The original reason the patient was prescribed the benzodiazepine has yet to improve	<p>It would mean accepting, that even if I did everything that I could, as an alternative to it, I would still be dealing with like mental health, like related discomfort or physical pain (P14)</p> <p>I would need to have something to replace it with. Because even now, with all the psychological strategies I'm trying they still do nothing to significantly reduce my emotional distress (P12)</p> <p>If I don't take them, I find the anxiety level can get a little bit out of control, and I don't sleep at all. And that has carry-over effects, in terms of a little bit of a negative feedback loop on the anxiety, and it also means that my concentration is shot (P18)</p>

Need benzodiazepines to cope		The benzodiazepine represents an essential means of coping with everyday life	<p>I couldn't cope, I would be just a burden on everyone (P5)</p> <p>Really trigger happy like, somebody looks at me funny and I'll sort of dissolve or, not being able to leave the house (P11)</p> <p>Umm.... very distressing. I find I cannot do anything at all. I'll just spend the night or day in a state of constant anxiety, it's just like a really high stress level (P12)</p> <p>I wouldn't attend social events, that have allowed me to make closer friends from work and some days if I'm struggling with the anxiety then I probably wouldn't go to work (P17)</p>
Stress exacerbates symptoms		The experience of daily stress or significant life stressors impedes the patients' ability to reduce or cease the benzodiazepine	<p>I've normally got a fairly good buffer, but if my base level is already gone and then I'm starting to add other stressors on board, my bucket starts to get a bit full, so, it sort of helps me stop the sloshing over the edge quite a bit (P1)</p> <p>If I have a triggering event or a really stressful kinda day, then I might need an extra. And actually, that reminds me I had a really bad day on Monday, and I did take one before I went to sleep (P11)</p> <p>So, it could be anything, it could be like family issues, financial issues, life issues, and it's when a few things like, just get on top of me and I just can't seem to figure stuff out (P32)</p>
Other strategies not as effective		The patient does not experience other coping strategies to be as effective as the benzodiazepine	<p>I've tried on a couple of occasions to not use them, and just use other strategies to cope, and I just get literally no sleep at all. Umm... in spite of other techniques to try and manage, at the moment I am just not quite at the point where, I can do without them (P18)</p> <p>I've done CBT and DBT in the past, you know breathing techniques and things like that. That stuff just doesn't work for me, I just don't have the ability to calm myself using my methods, like I just don't have the strength to do it (P28)</p> <p>Other times I'll be like, nah, can't be bothered fighting against my brain so I'll just take the pill (P36)</p>
Need benzodiazepines as a safety net		Cannot cease benzodiazepine use (entirely) as having access to it is perceived to be a necessity	<p>I'm still at the point now where I still need that safety net (P1)</p> <p>A sudden inability to access the medication would make it difficult as well because that would make me anxious. 'Cause sometimes you know, knowing that I have the access or the ability to take something if it doesn't resolve on its own is reassuring enough (P17)</p> <p>Just the thought of knowing that they're sitting there in the cupboard, I don't need to take one because I know they're there if I really do. But just the comfort of knowing that they're there sort of helps (P28)</p>
Dependence	Signs of dependence	Awareness that benefits of the benzodiazepine might be more psychological "relief" than therapeutic	<p>I mean, I don't really, it's probably got to the point where it almost isn't working as it should. Ummm... psychological thing, that you think, well if I don't take it, I know I'm not going to sleep, and if I do take it, I'll get a few hours (P29)</p> <p>Because it's become a kind of psychological thing where, I just take it because if I don't, what if I get unwell again, even though I know that that's not going to happen from not taking the Diazepam (P32)</p> <p>Ahh... the psychological reliance, which sort of creeps up, well did creep up on me anyway (P35)</p>

Dependence	Withdrawal symptoms	The benzodiazepine cannot be reduced or ceased due to the onset of withdrawal symptoms	<p>I do find that if I don't take it then I do go into a withdrawal, headaches and feeling a bit sick and down. I don't like taking it at all, because I know that my body is dependent upon it (P5)</p> <p>I collapsed; I had a seizure. I couldn't drive a car, I couldn't leave the house, or go shopping (P23)</p> <p>No, I've never stopped taking them, because I... about withdrawals, I've never done it (P31)</p> <p>Yeah, it's just the withdrawal, not only do I get the physical symptoms, like cold or flu, gastrointestinal problems, lumped on top of that I get high anxiety again and my thoughts race, I mean that's what it seems like unless it's still my condition (P34)</p> <p>It was a trap. Stopping them for even for a few days would then lead the double whammy of rebound anxiety, but also the withdrawal symptoms, which are pretty horrific (P35)</p>
Lack of sufficient support and understanding		Insufficient support from healthcare providers and/or lack of understanding from family and friends isolate patient in their experience	<p>My wife, she sometimes gives me a hard time, doesn't really understand it and thinks its maybe quite easy to get off of it. She says, "it's not like you're on cocaine or an alcoholic" and I said, "to get off this is equally as hard and even harder" (P10)</p> <p>I didn't have the duty of care from my GP at the time to help me wean off it (P21)</p> <p>I have friends in recovery who don't use anything and are constantly telling me, "you don't need it" (P27)</p> <p>When I was in the car accident, I was in plaster and everybody went, "Are you okay, can I do anything?" When that plaster came off, even though my back and my leg were absolutely in agony everyone would look at me and go, "oh, well are you gonna make us a cuppa?"[...] If they can't see it, they don't understand (P 30)</p> <p>Pretty hard, I think. Just going off the withdraw and the lack of support (P34)</p>
Perceived Facilitators to Reducing Benzodiazepines			
Theme	Subtheme	Definition	Exemplar quotes
Knowledge of the harms		An awareness and/or experience of harm caused by benzodiazepine motivates limiting or reducing use	<p>If you have to ask me now, after my experience, I would say never take this medicine ever in my life. If I had this knowledge, and this experience (P2)</p> <p>Hearing and watching people go through withdrawal and kind of being horrified, like how addictive it is, and know very well that could have been me, so I'm glad that I've kind of got that education now (P11)</p> <p>I think, if I knew that it wasn't like habit forming, I would probably be less hesitant to use it (P14)</p> <p>Be careful. I mean, I've got a really good handle on how it affects my body and my mind, and I know that I don't want it in my system. So, like I use it very sparingly (P27)</p>

Experiencing impairing side effects		Experiencing side effects that impair functioning prompts reduced use	<p>My cognitive skills have deteriorated, my memory has deteriorated very badly (P10)</p> <p>I don't like feeling sleepy for the first half of the next day... so I try to avoid it as much as possible and look into other things (P11)</p> <p>I've noticed that if I rely on having more than say 2 half tablets of Diazepam in a day, I tend to be a bit too zonked out the following day. So, I try to limit myself to, say a half in the morning or a half at lunch, ideally less if I can, because of the work that I do [...] I sort of need to be sharp (P18)</p> <p>[...] the Diazepam worsens the depression so I have to weigh them up, like if I'm suffering really bad depression symptoms and anxiety, I do everything within my power to not take it, cause I know it's going to make the depression worse (P27)</p>
Other effective strategies		Developing other coping strategies reduces the need for the benzodiazepine	<p>They weren't needed at that stage, I just I was getting a lot of result... from other strategies (P1)</p> <p>You know learning and solidifying new coping strategies, sort of getting better over time... has been helpful, and you know probably will continue to be helpful and taking less Valium (P14)</p> <p>In the end, what's worked for me has been therapy. So, I definitely think that in a crisis situation, I think sometimes, yeah, it is required. But I think there's definitely other options to look at (P32)</p> <p>since I started with the therapist, I do make a conscious effort, do I need to take it or can I go without, and just work through it with the CBT tools and stuff that they've taught me (P36)</p>
Prescriber supports reducing		Prescriber emphasises limited role and use of benzodiazepines, and supports reduction	<p>I had an amazing GP, gave me all of these leaflets, and told me you need to get help you're addicted. And I was like, "I'm not addicted, I'm not gonna get help". I have no idea what I would have done with myself if I hadn't come to Reconnexion, I get positively overwhelmed thinking how much it's been helpful (21)</p> <p>So, he said to me, number one I've got to keep going with the rehab he said, the number two thing is we have to get you off the Valium (P26)</p> <p>Yes, he did suggest at various times, and he still does, that I try and cut like take slices off the Serepax. We did try that at one point in time before I started on the Stilnox, that's how I was reducing it (P29)</p> <p>I'm fairly confident. The GP at the moment that I'm seeing and the counsellor at Reconnexion have been very clear that I should take it as slow as I need to (P34)</p>
Internal locus of control		Recognition that the ability to reduce the benzodiazepine is under the patients' own control	<p>[...] it really comes down to one thing, and that's me, being more self-aware. And it's something I'm working on (P1)</p> <p>I really don't believe that this medication actually... they're masking problems, they are enabling us to hide without problems in a natural way. And I just would love to be free of this medication and try battle my anxiety as I said before, in a different way (P2)</p> <p>I would need to change the way I thought about Valium. Which would be hard... and take a long time. Which I am working towards and hope that in the future this would be the case (P12)</p>

			I know that when I choose not to use it, say for like a mental health related thing, then I have to fall back on.... and work on developing like other coping mechanisms (P14)
Support and understanding		Ability to reduced benzodiazepine is enhanced by professional support as well as understanding from family and/or friends	<p>I am very much encouraged by my family, to complete this journey. Because we have searched together quite a lot, and I have their full support (P2)</p> <p>[benzodiazepine counsellor] is trying to teach me ways that to try and overcome that... trying to do things that although you might not feel like doing it, all these things help (P10)</p> <p>I just thought that I was dependent at night. But I realised that I was dependent constantly, because every time I felt an emotion and I didn't have it, I just started drinking heavily, and that's when I was like, this is not good. I need support, this is really difficult I can't do it by myself (P21)</p> <p>I'm actually getting a handle on the anxiety through the technique I'm working on with the psychologist at the moment, so that's becoming manageable and able to be kept under control (P18)</p>
Gradual dose reduction		To successfully reduce a slow taper is required (even at low doses) to mitigate the risk and severity of withdrawal symptoms	<p>I'd made one mistake during cutting in the initial stages, and I thought that I could be strong enough and do a greater cut. And I just had so many withdrawal symptoms, and it wasn't really working well. I learnt my lessons and I'm doing really gradually now (P2)</p> <p>Well going off 'em slowly, each dose drop adjusts into my system. I'll judge on how I'm feeling with each taper, and adjust it from there, whether I stay on that extra dose for a bit longer, or I'm feeling ok and drop the next milligram and so forth (P23)</p> <p>The fact that they are addictive and if I did try to stop, I'd have to do it gradually again (P29)</p> <p>I get little inklings of just wanting to stop it cold, like I did try and go a little bit faster, and it ended up that I might as well have gone cold turkey. It's still hard for me to imagine even just a milligram can make such a difference (P34)</p>
Increased regulation		Increased regulation through up-scheduling and prescription monitoring promotes benzodiazepine discontinuation	<p>But the only thing that influenced my use was Xanax being made a schedule 8 drug and me overdosing on Lorazepam, otherwise I'd probably still be taking Xanax not knowing, yeah, that I was an addict (P21)</p> <p>It was never my intention to get it like, illegally or through you know, manipulation or anything like that. And when it started getting harder and hard to get, I just thought well screw it, I'm going off it, cause I don't want to feel that way (P34)</p> <p>I mean there's the live script system, that's just been introduced in the last sort of two months and that's what really gave me the checks and balances I obviously need, but it was a massive shock to my body and mind to actually makes those adjustments (P35)</p>