Table 2. Exemplar quotes from general practitioner (GP) interviews regarding systems-level opioid prescribing interventions that were classified as pertinent to 'capability', 'opportunity' and 'motivation', using the Capability–Opportunity–Motivation model of behaviour change (COM-B model)[8]

	Capability		Opportunity		Motivation	
	Physical	Psychological	Physical	Social	Automatic	Reflective
Real-time prescription monitoring and the Prescription Shopping Information Service	*GPs think there's some big pharmacy in the sky, and everybody knows what every patient is getting. So, as soon as a doctor shopper comes in, a big lightning bolt is going to come … In reality, there's 20 people in an office somewhere in Queensland trying to look at 20,000 scripts a month to see who's doctor shopping.* (GP 12 NSW)	*I figure if [other GPs] are having trouble then I'm probably also going to have trouble so I haven't bothered.* (Registrar 4 Victoria)	*It's user friendly in that it gives you the information but it's a bit of a hassle and it's quite awkward to ring when you've got the patient sitting in front of you so I think having something like that where it's accessible electronically without having to make a call, that would be quite good.* (Registrar 9 Victoria)	*The clinic that I'm working at the moment is, most of the doctors are sort of towards the end of their careers, and perhaps not super comfortable with using computers necessarily. So it's myself and another newly fellowed GP who kind of use [Safescript] the most. But we've had clinical meetings where we've kind of brought it up and everyone sort of grumbled about it. But I'm not sure that they're actually using it.* (Registrar 10 Victoria)	*Early in my registrarship there was a lady that came in with her daughter. She was teary, she was crying. She made me feel really sorry for her … I believed her. I didn't do any of the checks. I prescribed opioids as well as [pregabalin] and prednisolone. And then after she left, I realised what I'd just done, so I thought I'll call the doctor shopper hotline and see, I did after the fact I called them and it came back positive and she'd been seeing many, many prescribers.* (GP 4 Victoria)	*I have used the prescription shop hotline a few times previously, but obviously that's only PBS scripts and it takes 24–48 hours anyway to get a report anyway and I don't think it's particularly useful and it gives you all the other drugs you are not interested in as well.* (Registrar 14 Victoria)
Education and training	*I don't have a huge number of opioid patients and therefore I can't afford to spend four hundred pages on a small problem.* (GP 15 Victoria)	*The only thing is if in terms of training, I think if they are to train us on it I would personally prefer not just principles. So not just do it this much every month or whatever but go through case, successful case studies or even things that didn't work and specifically put a face to the process I think because it's so hard in practice.* (Registrar 5 Victoria)	*A decade ago, we were being told that we were under-treating people with pain – that they should be on opioids. It's a good thing and it helps their lives. That attitude has changed … I'm happy to take advice and try to follow the evidence now if that's the best way.* (GP 10 NSW)	*I think the new generation of doctors are quite aware of the problems of long-term opioid use and certainly the National Prescriber Service [during] our education as registrars. I think there is a natural awareness these days in a new generation of doctors and that's trickling through to the older generation of doctors in terms of prescribing restricted drugs.* (GP 20 Victoria)	*I am pretty sure I have come across [the Royal Australian College of General Practitioners' opioid prescribing guidelines] when I was studying and I never really – look it's one of these topics that you never really delve into deeply to be honest because it's a topic that you – how do we say it – tricky.* (GP 17 Victoria)	*There are two times I know I would use a guideline – one is after the patient has left [and I] am thinking, man, what am I going to do when they come back next time because I am feeling like I have run out of ideas or need help, and then there are other times when they're in the clinic and you are trying to decide right now for this consultation and in that situation you obviously need something punchy and immediate, whereas for the other type it's something that's a bit more wordy and discussion of evidence and so on that's appropriate but that is not appropriate for the other type of interaction.* (GP 5 Victoria)
Up-scheduling of codeine	*Look I think it's annoying because these patients now come in to see us. But I think it was necessary because now you're kind of seeing how many people are just low-key dependent on these [codeine medications] … which we would have never seen if not for this up-scheduling.* (Registrar 16 Victoria)	*I don't know enough about the research behind the changes, but obviously someone has done some serious research in policy making and found that this is a safer way to do things and so I'm happy to support that.* (GP 17 Victoria)	*I think there was initial concern about the number of patients that would need to be seeing GP's for regular codeine scripts, but in my experience this year they've been really, really limited. So, I think it was an appropriate measure to undertake.* (Registrar 11 Victoria)	*I think the chemists are also very happy, at least that's what, when we've had the pharmacist from National Prescribers Service come in. I guess, because it's dispensed by the pharmacists, and having to make the call on whether this was justified and what the risks associated with it were, and their own legal issues. So I can feel for them. I would agree with it.* (GP 13 Victoria)	*I was surprised, not surprised by the rationale, but just surprised by the initiative in the first place.* (GP 13 Victoria)	*I've seen quite a few patients who are getting non-PBS [codeine] scripts and basically enough to have eight a day every day and they're given two or three months' supply at a time. I really don't like that and if they come to me and say, oh, my usual doctor always gives me 120 with six repeats or five repeats or whatever the amount is that you're allowed to give, I just say, well, I'm not your usual doctor, I will give you this minimal quantity which is usually 20, and at an absolute stretch I've given 60 on occasion, and I say that is what I'm willing to give you, so I'm quite tough actually.* (Registrar 9 Victoria)
High-prescribing 'nudge' letters	*I think there are GPs who have decided they're not going to touch any opioids because they're afraid of being criticised or whatever.* (GP 10 NSW)	*Funny enough, my husband got one. He has a very elderly population, and he doesn't actually start them on opioids. They often end up in hospital and come out on opioids. So, he was laughing, because we are very by-the-book. We're not script writers or things like that.* (GP 12 NSW)	*It's one of the best ideas [sending out the letters]. Most GPs are so busy that is hard when you are in the stream of things. But a reminder is going to let them back off and try to consider the professional and ethical standards expected of them. That's very good. That's an excellent idea.* (GP 14 NSW)	*What I don't like is that kind of approach when they're not doing anything about properly funding treatment services. That's what gets me – the government can solve the problem for the cost of sending a letter to several thousand GPs and they've done their bit in terms of caring about poor outcomes in our health world.* (GP 11 NSW)	*There's a fair amount of media coverage about people becoming addicted to opiates and that is the message that is often transmitted – it's negligent doctors that trigger that process. Patients themselves whose stories appear in the media will say 'oh these rotten doctors have gotten me addicted to these things'. You don't want to be that guy, however true or false that account actually is.* (GP 5 Victoria)	*The [government] sent [doctors] out these not-so-nice letters. I haven't seen one but it caused a lot of anxiety and people – like good GPs – I read what they write about and I take their advice for a lot of clinical scenarios – they felt like they were being judged. That what they had been doing for their patients is wrong because they were just looking at raw numbers and not looking the patients … then to get something like this is almost insulting.* (GP 10 Victoria)