A care system support organisation

Good Practice Guidance for Care Homes

Guidelines on the management of controlled drugs (CD) in care homes

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014[1] detail the fundamental standards which service providers must meet.

The fundamental standard "Safe Care and Treatment" (Regulation 12) includes the requirement that providers must ensure '*the proper and safe management of medicines.'*

However, all the standards must be applied to all aspects of care including the administration of medication.

Care Quality Commission "Guidance for providers on meeting the regulations" states that '*policies and procedures must be in line with current legislation and guidance'.*

This includes controlled drugs (CDs), which have more stringent regulations applied to them. This guideline is intended to be a supporting guidance document for care home staff on the management of CDs in the care home setting. It can be adapted by care home staff to form a policy for use in individual care homes.

Why are some medicines defined as 'controlled drugs'?

Some prescription medicines are prone to being misused so they have stricter legal controls on their supply to prevent them being obtained illegally. They are controlled under the Misuse of Drugs Act 1971 and are known as 'controlled drugs' or CDs.

CDs are divided into five schedules (1 to 5) depending on their potential for abuse if misused and determines their legal requirement concerning prescribing, storage and record keeping. Care homes need to be particularly aware of requirements of schedule 2 & 3 CDs. (See https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/ for examples of commonly prescribed CDs and how these should be managed in a care home).

Recommendations:

- Ensure supply, receipt, storage, administration and disposal of CDs meets regulatory requirements.
- Care homes should have policies in place to cover all processes relating to CDs.
- There should be procedures in place for identifying, reporting and reviewing incidents, errors and near misses involving CDs as well as sharing concerns about mishandling of CDs.
- See individual sections in this guideline for further recommendations.

Access:

- CDs are usually individually prescribed for residents in care homes.
- Care homes with nursing can purchase and use stocks of schedule 2 CDs for named residents against a written prescription that has been signed by the prescriber before the medicine is given, so long as they have a licence from the Home Office or are mainly maintained by charitable funds. Further information on

obtaining a Home Office licence can be found at www.homeoffice.gov.uk

- If a care home with nursing keeps stocks of schedule 2 CDs there should be a policy that details the agreed working practice. The local medicines management team should be involved in discussions.
- Care homes without nursing cannot purchase and keep stocks of CDs. Any CDs in these care homes must be prescribed for individual patients by an appropriately qualified healthcare professional and dispensed by a pharmacy or dispensing practice.

Receipt

- It is important that there is a clear process for the safe handling of CDs when they are being delivered to the care home. CDs should be delivered separate to the main delivery of medicines and the package clearly marked that it contains a CD.
- The pharmacy or dispensing doctor may provide paperwork which lists the contents of the delivery and thus allows for an audit trail.
- If the CD is collected by a member of the care home staff from the pharmacy or dispensing doctor, there should be a procedure in place that provides an audit trail. It is good practice for the person collecting a schedule 2 or 3 CD from the community pharmacy/dispensary to be asked to sign for the CD (there is a space on the back of the prescription) and they may be asked for proof of identity.
- **Checking the product(s) against the label** (where it is practicable this check should be conducted with a witness):
    - Drug name.
    - Quantity, i.e. tablets, capsules, ampoules, patches, it is not expected that liquids are measured.
    - Formulation.
    - Strength.
    - The expiry date should also be checked.
    - The CD should be checked upon receipt to make sure that it is fit for use, i.e. not damaged.
    - The CDs must be checked against any paperwork received or other relevant document, e.g. copy of prescription.
    - The receipt of CDs by the care home should be recorded in a CD register (see Appendix 1). The entry should be witnessed by a second suitably trained and competent member of staff. If there is a discrepancy between the product and the label, or what was ordered and the CD received, there should be a documented procedure for handling such an occurrence. (See the section on discrepancies).

It is important that staff know which medicines are CDs to ensure that they adhere to the safe keeping and recording requirements.

Medicines reconciliation

When a resident transfers into the care home, the NICE guidance on Managing Medicines in Care Homes[2] recommends that the care home manager or the person responsible for a resident's transfer into a care home should coordinate the accurate listing of all the resident's medicines (medicines reconciliation) as part of a full needs assessment and care plan.

In the case of controlled drugs it is particularly important that the list includes not only the name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), but also: -

- Date and time the last dose of any 'when required' doses
- Whether the resident has opioid transdermal patches in place, and if so when it was last applied (and therefore when it needs to be changed) as well as the number and location of patches.

There should also be a written procedure for the receipt of the resident's medication. In the case of controlled drugs this will require the same checks as listed under "**Checking the product(s) against the label**" in the Receipt section above.

Storage

- Providers of adult care homes must comply with the Misuse of Drugs Act 1971[3] and associated regulations when storing CDs. Providers of children's homes should have robust processes for storing CDs.
- If the CD requires safe custody and it has been provided in a monitored dosage system (MDS) the whole MDS bister pack should be stored in a CD safe or cabinet. If the resident self-administers their medication and a MDS is in use, this must be stored in a locked, non-portable cabinet or drawer in the resident's room.
- The CD safe or cabinet must comply with the requirements specified in the Safe Custody Regulations, see http://www.legislation.gov.uk/uksi/1973/798
- The CD cupboard should only be used for the storage of CDs. No other items such as money should be placed there.
- When purchasing a safe or cabinet, assurance should be sought from the vendor or manufacturer that the product specifications comply with the requirements.
- Access to the CD cabinet should be restricted. The keys should be kept under the control of a designated person and there should be a clear audit trail of the holders of the key.
- A spare CD key should be kept ideally in a tamper evident container and stored in a secure place. (For example: the spare CD key could be kept in a sealed envelope. The seal should be signed and dated by the manager and a senior carer and the envelope kept in the safe).

Administration

In accordance with Care Quality Commission (CQC) regulations, care home providers should have systems in place that comply with the requirements of the Misuse of Drugs Act 1971 and their associated regulations. Other relevant information or guidance published by professional bodies, such as the Nursing and Midwifery Council (NMC), should be complied with where applicable. https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

If the resident is not able to self-administer the controlled drug:

- In a care home with nursing, a medical practitioner or a registered nurse should administer the CDs. In accordance with the Nursing and Midwifery Council (NMC) standards for medicines management (standard 8)[4], the registered nurse should obtain a secondary signatory from a witness who has been assessed as competent in relation to CDs.
- In a care home without nursing, CDs should be administered by appropriately trained and competent care home staff and this should be witnessed by another appropriately trained care home staff member. The use of a witness is intended to reduce the possibility of an error occurring. Therefore, to be effective, the witness must have the same level of training as the person administering the CD. When a community nurse is involved in the administration of CDs in the care home, such as injections, they should be asked to sign the CD register as the person administering the injection. A second appropriately trained member of staff should sign as the witness to the administration.

It is good practice that the second signatory witnesses the whole administration process as this will minimise the potential for a drug error. No one should be deprived of a prescribed medicine because there is only one member of staff on duty when he or she needs it.

If the resident is able to self-administer the controlled drug what are the issues?
(Refer also to Appendix 2): -

People can keep and take controlled drugs themselves. For self-administration the process of **risk assessment** is important, not the legal classification of the medicine. Risk assessments should take into account:

- Sensible precautions are important to make sure that CDs are not stolen from the person. Care providers **do not** need a CD cupboard in each bedroom but a lockable cupboard or drawer is essential. The person must agree to keep the medication safe and locked away when not in use and not leave it lying around where it could be taken by someone else. The arrangements must be monitored and reviewed on a regular basis.
- There is no need to keep a record in the CD register when the person is wholly independent. That is, he or she is responsible for requesting a prescription and collecting the controlled drugs personally from the pharmacy. But if the person does not arrange the supply and collection of CDs and relies on the care workers to do so, there should be clear records including:

- receipt from the pharmacy,
- supply to the person
- any subsequent disposal of unwanted controlled drugs.

These records should be made in the CD register.

Documentation

- Administration of the CD should be documented on the medicines administration record (MAR) chart and in the CD register.
- The care home staff responsible for administering the CD and an appropriately trained witness should sign the CD register. The staff member administering the CD should also sign the MAR (no signature is required on the MAR by the witness).
- The records should be completed immediately after the CD has been administered and not before.

If the medication has been administered by a visiting healthcare professional: -

- The care home staff should ask visiting healthcare professionals to make their record of administration available to the care home. The healthcare professional should also consider seeing the resident in the presence of care home staff responsible for administering medicines to the resident.
- Care home staff should keep a record of medicines administered by visiting health professionals on the resident's MAR. The care home should complete their own MAR chart and mark as administered by e.g., 'administered by DN and witnessed by …… and date." If the care home does not have a MAR chart for the CDs, then they would need to handwrite one in order for this administration to be recorded.

If the CD is stored by the care home, appropriate records should be made in the CD register. If the CD is then given to a visiting healthcare professional to administer, then a second trained member of staff should witness the transfer.

If the CD is transferred out of the care home, e.g. when the resident is away from the home for a short period of time or is transferred to another care home, a record should be made in the CD register and witnessed by a second trained member of staff.

See Appendix 2 for information regarding residents who keep and self–administer CDs. See also NECS good practice guidance and tools for care homes - NECS Medicines Optimisation (necsu.nhs.uk) for an example of how to record the administration of transdermal opioids.

Disposal

Table 1: Disposal of CDs in care homes[2]

Type of care home	Arrangements	Records
Care home **without** nursing	CDs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction.	Care homes should record the forms and quantities of CDs they are returning, and the pharmacist/dispensing doctor should sign for them on receipt. If pharmacy staff collects the CDs, they should sign for them in the CD register at the time of collection. Relevant details of any such transfer for disposal should be entered into the CD register and signed by a trained and competent member of staff, returning the drug. As good practice CD returns should be entered in the care home's returns book and separated from all other returns in order to be identified as CD on collection.
Care home **with** nursing	The care home will need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company. CDs must be denatured before being handed to the waste disposal company, e.g. in specially designed denaturing kits. A T28 exemption will be needed in order to comply with the legislation that is overseen by the Environment Agency.	For 'stock' CDs, a registered nurse and an authorised witness for destruction should sign the CD register. For CDs supplied to individual residents, a registered nurse and a suitably trained witness should sign the CD register. A record of the waste transfer note needs to be made by the appropriate nursing care home staff.

See appendix 4 for destruction of CDs.

The information about T28 waste exemption, including how to apply for it, can be found at:

https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for- disposal

Discrepancies

There should be a procedure for dealing with discrepancies, incidents and errors related to CDs. These should be reported immediately to the care home manager. Steps should be taken to establish what happened.

If a discrepancy is identified between what is expected and the supply received, then the following guidance is provided:

- Enter the stock into the CD register indicating what was obtained, not what was requested.
- Contact the supplier as soon as possible to investigate and resolve the discrepancy.
- Store the CD separately in the CD cabinet awaiting collection.
- Arrange for the supplier to pick up the incorrect CD.
- When the stock is picked up, obtain a signed receipt from the person taking it away and make an entry into the supplied section of the CD register.

If the CD received is deemed 'unfit' for use the following guidance is provided:

- Enter the medication received into the appropriate section of the CD register.
- Store the CD in the CD cabinet (ideally in a sealed bag marked 'Damaged Stock') until it is taken away.
- Inform the pharmacy that the stock received is 'unfit' for use, explaining the reason and arrange for the pharmacy to pick up the stock.
- When the stock is taken away, obtain a signed receipt from the person taking it away, and an entry must be made into the supplied section of the CD register.

If a discrepancy is identified between calculated stock figures (running balances) and actual stock the following guidance is provided:

- Check back through the entries for that drug and ensure that there has not been a bookkeeping or numerical error.
- Check the MAR chart and also any records of disposed medicines.
- If the discrepancy **can** be identified, record the outcome and make any corrections to the CD register with a signed and dated entry (this a retrospective entry) in the margin or at the bottom of the relevant page making reference to any supporting documentation that was used to resolve the discrepancy. There must be no cancellation, obliteration or alteration of any entry in the CD register.
- If the discrepancy **cannot** be explained or rectified, then the CQC should be informed and the police. Where locally arranged, the NHS Controlled Drugs Accountable Officer for NHS England should also be informed. (See reporting CD incidents below).

Safeguarding and medication

A safeguarding issue in relation to managing medicines could include[2]:

- The deliberate withholding of a medicine(s) without a valid reason.
- The incorrect use of a medicine(s) for reasons other than the benefit of a resident.
- Deliberate attempt to harm through use of a medicine(s).
- Accidental harm caused by incorrect administration or a medication error.

Reporting CD incidents

If there is a medication administration error involving a CD this should be reported in accordance with the care home policy (which should include informing the resident's GP) and local commissioning arrangements. It should be reported to the Local Controlled Drug Accountable Office via the on CD reporting portal at www.cdreporting.co.uk and also to the CQC if the medication error met the notification criteria; as outlined in regulations 16, 17, 18, and 20 of the CQC Guidance for providers on meeting the regulations, see link below: http://www.cqc.org.uk/sites/default/files/20150210_guidance_for_providers_on_meeting_the_regulations_final_01.pdf

Local Intelligence Networks (LINs)

CQC is responsible for regulating the handling of CDs in registered care homes. CQC also collaborates at a local level with the NHS, police and other named authorities to share information when controlled drugs are not handled correctly. This is the local intelligence network (LIN).

The LIN comprises of representatives from regulators such as CQC and the General Pharmaceutical Council, police and anti-fraud officers, and other bodies as determined by the Controlled Drug Accountable Officer (CDAO) at the NHS England Local Area Team.

The LIN works to identify problems and support improvements in the management of CDs.

Where local arrangements are in place, the home should notify the CDAO at NHS England of incidents involving CDs in care homes, including errors, concerns about a healthcare professional or receipt of an incorrect CD or quantity from the pharmacy or dispensing GP. This can be done using the CD reporting portal mentioned above.

References

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2. Managing medicines in care homes. NICE good practice guidance. March 2014. Accessed on 09/11/21 and available at http://www.nice.org.uk/Guidance/sc1
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6. PrescQIPP NHS Programme. Bulletin 75 (December 2014): Guidelines on the management of controlled drugs. Accessed on 09/11/21 at https://www.prescqipp.info/our-resources/bulletins/bulletin-75-care-homes-controlled-drugs-good-practice-guide/

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Appendix 1: The controlled drugs (CDs) register

- The CD register is a bound book with numbered pages. Electronic CD registers are permitted as an alternative. Legislation requires that computerised entries must be:
    - Attributable to the person who created the record
    - Secure
    - Cannot be altered at a later time
    - Capable of being audited
    - Compliant with best practice
    - Accessible from the care home and capable of being printed
- The CD register must be used to record the receipt, administration, disposal and transfer of controlled drugs held by the care home.
- The entry must be made as soon as possible on the same day.
- The CD register should not be used for any other purpose.
- The CD register must be kept in a secure place when not in use.
- A separate page must be used for each form, strength of each medication and resident. The name, strength and form of each medication and the name of the resident should be recorded at the top of each page.
- It would be good practice for an index page to be maintained in the CD register, indicating for individual residents, on which page of the CD register each CD can be found.
- Entries must be in chronological order.
- Entries should not be cancelled, altered or crossed out. Corrections must be made using marginal notes or footnotes which are signed and dated.
- All entries should be signed and dated by the member of staff making the entry and witnessed by a suitably trained member of care home staff (where practical to do so) who should also sign the entry.
- The administration of a CD should be recorded in the CD register indicating the name of the resident, the dose given and time administered.
- The running balance should be kept to ensure that irregularities or discrepancies are identified as quickly as possible. The balance should be updated each time an entry is made. It is good practice to check all stock (including zero balances where appropriate) regularly, e.g., weekly.
- The CD register should be kept for two years from the last entry. Good practice would be to retain the CD register for longer as cases can take several years to come to light or before they go to court.
- When transferring the drug record to a new page in the CD register the amount remaining should be identified with 'carried forward from page x' written clearly on the new page. If an index is used then this should be updated.

Appendix 2: Guidelines if residents self-administer controlled drugs

NICE guidance on managing medicines in care homes[2] advises that care home providers should ensure that their process for self-administration of CDs includes information about:

- Individual risk assessment
- Obtaining or ordering CDs
- Supplying CDs
- Storing CDs
- Recording supply of CDs to residents
- Reminding residents to take their medicines (including CDs)
- Disposal of unwanted CDs

General points to note

Risk assessment

The ability of a resident to self-administer their medication must be reviewed periodically and if the resident's circumstances change.

The risk assessment should include whether the resident understands:

- Why the medicine is prescribed
- How much and how often to take it
- What may happen if they do not take the medicine or take too much

Documentation

If the care home is ordering and receiving the CDs on behalf of the resident, a record should be made of the receipt, supply and disposal of the CD in the CD register.

If the resident is solely responsible for the ordering and the receipt of the CD, there isn't a requirement to document this in the CD register.

Storage

The CDs must be stored in a locked non-portable cabinet or drawer in the resident's room.

Appendix 3: Transdermal opioids

The information outlined below has been complied to highlight the differences between some of the various brands of transdermal opioids available. The list is not exhaustive and care home staff should refer to the patient information leaflets or speak to the pharmacist or dispensing doctor for further advice. It is good practice to keep the patient information leaflets where care home staff can access the information.

Table 2 Examples of transdermal buprenorphine preparations

Brand name	Strength	Duration	Administration
BuTrans® Butec®	5, 10, and 20mcg/hr	The patch should be worn **continuously for 7 days**.	The patch may be applied to the upper outer arm, upper chest, upper back or side of chest, but not on any parts of skin that have large scars. It is recommended that no more than two patches are applied at the same time, regardless of the patch strength. A new patch should not be applied to the same skin site for the subsequent 3 - 4 weeks.
Transtec®	35, 52.5 and 70 mcg/hr	The patch should be worn continuously and **replaced after 4 days (96 hours) at the latest**. For convenience of use, the transdermal patch can be changed twice a week at regular intervals, e.g. always on Monday morning and Thursday evening.	The patch may be applied to the upper back or below the collar bone on the chest, but not on any parts of skin that have large scars. A new patch should be applied to a different skin site. At least one week should elapse before a new transdermal patch is applied to the same area of skin.
Hapoctasin®	35, 52.5 and 70 mcg/hr	Hapoctasin should be worn **continuously for up to 3 days (72 hours)**	Preferable sites on the upper body are: upper back or below the collar-bone on the chest. After removal of the previous transdermal patch, a new Hapoctasin transdermal patch should be applied to a different skin site. At least one week should elapse before a new transdermal patch is applied to the

Information has been taken from the current Summary of product characteristics for each medication. Available at www.medicines.org.uk.

Table 3: Examples of transdermal fentanyl preparations

Brand name	Strength	Duration	Application
Durogesic DTrans®	12, 25, 50, 75, and 100 mcg/hr	The patch should be worn continuously for 3 days (72 hours).	The patch may be applied to the upper outer arm, upper chest, upper back or side of chest, but not on any parts of skin that have large scars. A new patch should be applied to a different skin site. Several days should elapse before a new patch is applied to the same area of skin.
Matrifen®			The patch may be applied on a flat surface of the upper torso or upper arm. A new transdermal patch should always be applied to a different site from the previous one. The same application site may be re-used only after an interval of at least 7 days.
Fentalis®	25, 50, 75 and 100mcg/ hr		The patch may be applied on a flat surface of the upper torso or upper arm. A new transdermal patch should always be applied to a different site from the previous one. The same application site may be re-used only after an interval of at least 7 days.

Key points-transdermal opioid preparations

- The patches are usually prescribed by brand as there is some variation between manufacturers and different brands of product and to reduce prescribing and dispensing errors.
- The patch should be applied to a clean, dry area of skin which is non–hairy; the hair may be clipped with scissors but not shaved.
- Do not apply the patch to irritated, recently irradiated or shaven skin, or on lymphoedematous areas.
- Refer to the patient information leaflet (PIL) for information as to where the patch may be applied.
- Creams, ointments and talc should not be used on the area of skin that the patch is to be applied to. The skin should be completely dry before application of the patch.
- The old patch/patches should be removed before applying the new patch(es).
- When applying the patch, remove it from the pack; press it firmly in place using the palm of the hand for at least 30 seconds, to ensure it is properly applied.
- If more than one patch is applied, they should be applied at the same time and placed far enough apart so they do not overlap.

- The site of application should be rotated in accordance with the manufacturer guidance.
- Ensure that the patch is applied to an area of skin that is unlikely to come into contact with a child (e.g. from family visiting) to prevent being transferred to the child and accidental overdose.
- Residents with fever should be observed for signs of toxicity, as heat increases the absorption of the drug from the patch.
- Do not apply the patch immediately after the resident has had a hot shower or bath.
- Heat sources such as hot water bottles and electric blankets should not be used.
- The patch should be checked each day to ensure that it is still in place.
- Generally, a patch that has been cut, divided or damaged in any way should not be used. In practice matrix patches are sometimes cut however this is unlicensed, it is advisable to check with a pharmacist before using the patch.
- Fold the old patch on itself and replace back in the empty packet. This may then be discarded with the normal waste.

Example of a Medicines Administration Record (MAR)

At the end of the cycle the new MAR chart should be annotated based on the information from the previous MAR chart. Therefore, using the example above, the new MAR chart should be annotated to indicate the patch is next due to be changed on the 9th.

Month		Week	Week 1							Week 2						
		Date	26	27	28	29	30	31	1	2	3	4	5	6	7	8
BuTrans 10mcg/hr patch Apply ONE patch once weekly		8.00am	EJ	X	X	X	X	X	X		X	X	X	X	X	X
		12 noon														
		4.00pm														
		8.00pm														
Checked by: AB		Qty: 4	Upper left arm													

A record of the site application should be made; this can be on the MAR chart as shown, on the back of the MAR chart if space is provided or on a patch application record chart.

The dates between patch changes should be crossed out

The day the patch should be changed can be highlighted on the MAR chart.

Appendix 4: Destruction of controlled drugs (CDs) in care homes with nursing

Table 4: Methods of destroying CDs[7]

The CDs should be denatured before they are disposed of using specially designed denaturing kits.

Instructions for denaturing the different dosage forms may be provided by the manufacturer of the denaturing kit. If this has not been provided, the Royal Pharmaceutical Society guidance on the methods of destruction/denaturing CDs meets the requirements of the Misuse of Drugs Regulations 2001 and the health and safety needs of people undertaking the role.

Dosage form	Method of destruction
Solid dosage forms, e.g. capsules and tablets	Grind or crush the solid dose formulation before adding to the controlled drug denaturing kit to ensure that whole tablets or capsules are not retrievable. The use of a small amount of water whilst grinding or crushing may assist in minimising particles of dust being released into the air. An alternative method of denaturing is to crush or grind the solid dose formulation and place it into a small amount of warm, soapy water stirring sufficiently to ensure the drug has been dissolved or dispersed. The resulting mixture may then be poured onto an appropriate amount of suitable product and added to an appropriate waste disposal bin supplied by the waste contractor.
Liquid dosage forms	Pour into an appropriately sized CD denaturing kit. Alternatively pour onto an appropriate amount of suitable product and add this to an appropriate waste disposal bin. When a bottle containing a liquid CD has been emptied, small amounts of the pharmaceutical can remain. Bottles can be rinsed, and the rinsing put into the denaturing kit before the bottle is disposed of as normal
Ampoules and vials	For liquid containing ampoules, open the ampoule and empty the contents into a CD denaturing kit, or dispose of in the same manner as liquid dose formulations above. Dispose of the ampoule as sharps pharmaceutical waste. For powder containing ampoules, open the ampoule and add water to dissolve the powder inside. The resulting mixture can be poured into the CD denaturing kit and the ampoule disposed of as sharps pharmaceutical waste. An alternative but less preferable, disposal method is where the ampoules are crushed with a pestle inside an empty plastic container. Once broken, a small quantity of warm soapy water (for powder ampoules) or suitable product (for liquid ampoules) is added. If these methods are used, care should be taken to ensure that the glass does not harm the person destroying the CD. The resulting liquid mixture should then be disposed of in a CD denaturing kit or in the bin that is used for disposal of liquid medicines.
Patches	Remove the backing and fold the patch over on itself. Place into a waste disposal bin or a CD denaturing kit.
Aerosol formulations	Expel into water and dispose of the resulting liquid in accordance with the guidance above on destroying liquid formulations. If this is not possible because of the nature of the formulation, expel into an absorbent material and dispose of this as pharmaceutical waste. Alternatively consider if it would be safe to open or to otherwise compromise the container to release the controlled drug safely. The resulting liquid mixture should then be disposed of in a CD denaturing kit or adsorbed into a suitable product and disposed of as pharmaceutical waste