



**CITY OF MADISON POLICE DEPARTMENT  
STANDARD OPERATING PROCEDURE**



**Wisconsin Prescription Drug Monitoring**

Eff. Date 01/21/2020

**Purpose**

Wisconsin Act 268 (2016) requires law enforcement agencies to submit certain information to the Wisconsin Prescription Drug Monitoring Program (PDMP).

**Procedure**

Wisconsin Act 268 requires law enforcement agencies to submit certain information to the Wisconsin Prescription Drug Monitoring Program (PDMP) in four specific situations:

1. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred (Schedule II, III, IV, V drugs).
2. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
3. When a law enforcement officer believes someone died as a result of using a narcotic drug.
4. When a law enforcement officer receives a report of a stolen controlled substance prescription (the medications themselves and not the actual prescription order by the practitioner).

When any of these situations occur, the investigating officer or detective will collect the information below and record it on the MPD form titled "961.37 LAW ENFORCEMENT REPORT TO THE PRESCRIPTION DRUG MONITORING PROGRAM (attached).

1. The name and date of birth of the individual who is suspected of violating the Controlled Substances Act.
2. The name and date of birth of the individual who experienced an opioid-related drug overdose.
3. The name and date of birth of the individual who died as a result of using a narcotic drug.
4. The name and date of birth of the individual who filed the report of a stolen controlled-substance prescription.
5. The name and date of birth of the individual for whom the prescription drug involved in the suspected violation, drug overdose, or death was prescribed.
6. If a prescription medicine container or prescription order was in the vicinity of the suspected violation, drug overdose, or death or if a controlled-substance prescription was reported stolen, the following:
  - The name of the prescriber;
  - The prescription number; and
  - The name of the drug as it appears on the prescription order or prescription medicine container.

Once the form is completed, it can be turned in along with all other report attachments for the records unit to process or emailed to [pdcaseprocessing@cityofmadison.com](mailto:pdcaseprocessing@cityofmadison.com). This completed form will then be submitted to the PDMP by MPD records staff via the PDMP website.

If the MPD receives a self report of a stolen controlled substance prescription, an officer will be assigned by the reviewing supervisor to follow up by phone so that the form can be completed and turned in for processing as an attachment for that case.

Original SOP: 04/29/2016  
(Reviewed Only: 11/01/2016, 12/26/2017, 01/31/2023)  
(Revised: 01/21/2020)

# MADISON POLICE DEPARTMENT

## § 961.37 LAW ENFORCEMENT REPORT TO THE PRESCRIPTION DRUG MONITORING PROGRAM

As required by Wis. Stat. 961.37, provide the available information below, and email to [pdcaseprocessing@cityofmadison.com](mailto:pdcaseprocessing@cityofmadison.com) or inter-d as an attachment to your report.

CASE NUMBER:

Type of Report:			
Opioid-Related Overdose	Narcotic-Related Death	Violation of Controlled Substances Act with Rx Drugs	Report of Stolen Controlled Substance Prescription

People Involved:						
First Name	Last Name	DOB	How is each person involved?			
			Overdose Victim	Deceased	CSA Violator or Prescribed To	Reported Stolen Prescription

Prescription Order or Prescription Medicine Container:				
Prescriber First Name	Prescriber Last Name	Prescriber DEA Number	Prescription #	Name of Drug

Law Enforcement Agency:	
Agency Name:	
Officer Name:	
Date:	