Shima Baradaran Baughman  
Professor, College of Law - University of Utah  
1. Reduce dramatically the length of sentences for all drug offenses and decriminalize many other drug offenses  
2. Eliminate the racial gap in sentencing for drug offenses and remove federal drug offenses (even drug offenses while carrying guns) from lists of violent crimes.”

Valena Beety  
Professor of Law and Deputy Director, Academy for Justice - Arizona State University  
To better understand controlled substances, I would amend the CSA to allow scientists to conduct research on the effects, harms, and possible medicinal uses of Schedule 1 substances. Also, marijuana should no longer be categorized as a Schedule 1 substance.

Leo Beletsky  
Professor of Law and Faculty Director, Health in Justice Action Lab - Northeastern University  
1. Reorienting statutory classification and regulation of pharmacotherapy with focus on maximize benefits and minimize harms  
2. Rethinking the role of criminal law and enforcement in regulation of drug supply chains  
3. Restructuring regulatory authority over these supply chains, including abolishing DEA

Douglas A. Berman  
Professor of Law and Executive Director of the Drug Enforcement and Policy Center - The Ohio State University  
1. Cannabis should no longer be scheduled under the CSA (but should be subject to a range of other federal regulations).  
2. The CSA (or other federal statutes) should include significant restrictions on when and how federal authorities can and will bring criminal charges for violations of the CSA so that only persons involved in extensive drug dealing in multiple states are subject federal criminal prosecution.

Carmen Best  
Chief of Police - Seattle Police Department  
It needs to be easier for legal retailers of marijuana to not operate in a cash-based business model. In the states where it has been legalized, the main uptick in crime we have seen is the robbery of these businesses because people know they have to operate in cash. Also, as legalization expands at the state level, we need more research to be done on the effects of marijuana.
Overall, the schedules should be informed by science. Substances should be examined for their potential medical benefits, addictive qualities, and harms. Many synthetic drugs, which are connected to extreme issues law enforcement must face, are not on any schedule because they have no medical value.

In almost 50 years there has been little change to the Act, except for harsher penalties, while the proliferation of new substances and new epidemics has drastically changed the landscape facing so many aspects of society, including law enforcement. The original Act focused on treatment and research -- we need to get back to that version of the Act.

Zachary C. Bolitho  
Associate Professor, Norman Adrian Wiggins School of Law - Campbell University

1. Developing a comprehensive approach to address the ever-growing problem of synthetic drugs.
2. Movement of marijuana from schedule I to schedule II.

Richard J. Bonnie  
Professor and Director, Institute of Law, Psychiatry and Public Policy - University of Virginia

Many issues in drug policy need to be addressed, but most of them do not implicate the CSA. One topic that cannot be addressed without modification of the CSA is marijuana regulation. Congressional failure to establish minimum conditions for state regulation of non-medical use and to bring medical use within proper regulatory framework represents an indefensible dereliction of legislative responsibility.

Anne Boustead  
Assistant Professor, School of Government and Public Policy - University of Arizona

Cannabis should be descheduled or rescheduled, given its widespread use for medical (and now recreational) purposes within state regulatory frameworks.

A formal process should be developed to allow state experimentation with rescheduling and regulating controlled substances. This process would establish a safe harbor for state-regulated activities related to consuming and distributing a controlled substance in a way prohibited under federal law, provided that the state established a robust regulatory regime and agreed to evaluate the impact of their regulations on key health, safety, and justice outcomes.

Stephanie Holmes Didwania  
Assistant Professor, Beasley School of Law - Temple University

An important priority for reforming the Controlled Substances Act should be to reduce or eliminate the statutory minimum provisions that apply to many criminal violations of the Act. Mandatory minimums have been shown to generate unduly harsh sentences, enhance sentencing disparity, and foster unfair dynamics in plea bargaining.

Kelly K. Dineen, PhD  
Assistant Professor and Director, Health Law Program - Creighton University

1. Eliminate the barriers to harm reduction (i.e. Section 856).
2. Clarify/Amend exception to CSA for medical prescribers.

Jelani Jefferson Exum  
Professor of Law - University of Detroit Mercy

1. Get rid of the drug scheduling categories and parameters all together (they are based on dated, inflexible concepts of what makes a drug “bad”)
2. Replace current drug scheduling categories with an assessment of the physical and psychological effects of a drug on the user and the degree of need for medical professional supervision in administering proper drug dosage (to prevent health problems/overdose)
Neill Franklin  
Executive Director - Law Enforcement Action Partnership

1. A Congressional appointed blue ribbon panel to review and recommend changes to the current CSA. All stakeholders represented on the panel.
2. Public Education and awareness about what the CSA is and how it impacts society.
3. Understand the significant financial and opportunity costs involved with supporting the current CSA.
4. I would like to see the CSA challenged again in the Supreme Court. With using the Commerce Clause to establish the CSA, all that should apply is the interstate buying and selling of marijuana and other drugs. At the very least, a person growing drugs such as marijuana, coca, opium, or mushrooms for their personal use should be legal, because it would not qualify as commerce.
5. The drug scheduling system needs dramatic reform or maybe dissolvement, which could be a task for a blue ribbon panel.

James Hodge  
Professor of Law and Director, Center for Public Health Law and Policy - Arizona State University

1. Provide greater clarity on the allowance of public health initiatives as exceptions to specific regulations related to illicit controlled substances.
2. Start from the presumption that drug addiction is a disease, not a crime absent more, and assess how many different provisions of the CSA might be reformed accordingly.
3. Assess how many controlled substances might be re-classified against the backdrop of a more appropriate federal-state mix of regulatory influence (e.g., cannabis).

Aila Hoss  
Visiting Assistant Professor of Law and Grand Challenge Fellow - Indiana University

1. Marijuana should be removed from the schedule of controlled substances.
2. The enforcement of the Controlled Substances Act on Tribal lands in regards to marijuana should not be contingent on state legalization.
3. Federal law should recognize Tribal inherent authority to legalize and regulate marijuana regardless of its status under the Controlled Substances Act.

Keith Humphreys  
Esther Ting Memorial Professor - Stanford University

1. Create a 1-R Classification for Schedule 1 drugs that might have a medical use and therefore should be considered lower scheduled for research than they are for use.
2. Introduce a bill in Congress to schedule the deadliest drug of all: combusted cigarettes. It will never pass but it would be fun to watch.

Betsy Jividen  
Commissioner - West Virginia Division of Corrections

The growing numbers among the incarcerated population whose crimes are related in part to their SUD and who are in need of treatment during the course of their incarceration. The continuing impact of collateral consequences faced by individuals convicted and/or previously incarcerated on drug-related charges upon their reentering society.
1. Eliminate or reform the mandatory minimum sentencing provisions that Congress added to the CSA in the 1980s: When it was first enacted, the CSA was intended as a turn away from the harsh mandatory minimum penalties of the 1951 Boggs Act in favor of expanding treatment. Perhaps more than any other provision of the CSA, the mandatory minimum penalties passed by Congress in the 1980s helped to transform it into a driver of the war on drugs.

2. Reimagine the CSA's scheduling regime: When the CSA was adopted its scheduling system was touted as an evidence-based method for uniformly regulated drugs with potential non-medical uses. Time has proven the CSA's scheduling system to be fundamentally flawed. The scheduling system mandates a policy of prohibition for the non-medical use of all so-called drugs of abuse, with the exception of alcohol and tobacco (which the CSA specifically exempts from its reach). As states have moved to legalize marijuana and Congress considers federal reform, a policy of blanket prohibition for the non-medical use of mind-altering drugs is arguably outdated. In addition, the CSA's criteria have shown themselves too malleable to effectively cabin the DEA's discretion in scheduling decisions and to ensure consistency in the control of scheduled drugs. Under the current system, for example, the synthetic THC drug Marinol is in Schedule III, meaning that the DEA has determined it has a lower potential for abuse than Schedule I and II drugs. And yet, marijuana is in schedule I, meaning that the DEA has found it has a higher abuse potential than Marinol. Discrepancies like this highlight the lack of consistency in the application of the current scheduling criteria and the need to rethink them.

1. Treat separately the use of marijuana for medical and recreational purposes.

2. Leave to the Commissioner of Food and Drugs the responsibility to decide whether, for example, the smokable form of marijuana and its purified cannabinoids are safe, effective, and pure drugs.

3. Address the likely increase in highway crashes, injuries, and fatalities from drivers under the influence of marijuana and other drugs.

1. Mortality statistics and epidemiological research detail significant disparities in substance use and dependence in American Indian/Alaskan Native (AI/AN) communities. Factors known to contribute to these disparities include, genetics, historical trauma, and social determinants of health. CSA could play a significant role in effective prevention strategies by providing resources to enhance collaboration between Public Health researchers and AI/AN communities.

2. Although recent federal and state efforts have been successful in regulating the misuse of drugs, specifically opioids, illicit drug distribution and abuse continues to create a heavy toll among AI/AN reservations and villages. A policy priority may include expanding a tribes self-governance capacities to tailor a balanced strategy of prevention, treatment, recovery support, and law enforcement.

1. Allow for a regulatory approval process, like the legislation enacted (but not implemented) by the New Zealand government in 2013, to allow new psychoactive substances to be approved for sale for non-medicinal uses provided their safety is established.

2. Ensure that federal law does not block crucial harm reduction policies that have proven effective in foreign countries and/or local jurisdictions in the USA - e.g., overdose prevention sites, aka supervised consumption rooms, and heroin/hydromorphone prescription programs.

3. Make clear that federal drug control should be primarily about public health rather than criminal justice.
Jennifer Oliva  
Associate Professor of Law - Seton Hall University  

I would transfer the scheduling of controlled substances from law enforcement to a scientific regulatory agency exclusively (such as FDA). I would also advocate for amendments to the factors that DEA currently uses to make scheduling determinations by, for example, mandating that they are evidence-based instead of weighted in favor of law enforcement priorities.

Lauren Ouziel  
Associate Professor of Law - Temple University  

I would focus less on amending the CSA and more on reforming how federal agencies operate under it. Mechanisms such as the appropriation process, the agency budgeting process and regular Congressional oversight of drug enforcement and policy could be used more robustly as tools of agency control.

Cat Packer  
Executive Director - Los Angeles Department of Cannabis Regulation  

1. Centering equity and communities most impacted in reform  
2. Creating structures that allow for safe access to cannabis  
3. Decriminalization, Expungements, Resentencing & Policy Reform

Matthew Pembleton  
Adjunct Professorial Lecturer - American University  

In ascending order of ambition: 1) de-schedule cannabis, 2) expand responsibility for drug scheduling beyond DEA (perhaps through a board comprised of other agencies, professional societies, citizens, and lawmakers), and 3) repeal and replace the Controlled Substances Act

Maritza Perez  
Director, National Affairs - Drug Policy Alliance  

Remove marijuana from the CSA.

Annie Ramniceanu  
Director - Vermont Department of Corrections, Addictions and Mental Health Systems  

1. Schedule 1: Remove marijuana from high abuse potential with no medical use.  
2. Schedule 3: narcotics at a lower dose (intermediate abuse potential) in combination with OTC drugs like acetaminophen or ibuprofen there is a lack of distinction between the drugs of a “higher abuse potential” included in Schedule 2 which are the same drugs in combination form. Do not think there is great data to continue this distinction between drug preparations. We also know that the pathway to addiction follows the narcotic component which can be taken in any dose the individual deems appropriate for their needs. Additionally, these drugs are more hepatotoxic when taken in large doses due to the acetaminophen component which can make them potentially more dangerous to the consumer.  
3. Lastly, neither alcohol nor nicotine are included in the Act. In light of the current youth vaping epidemic, inclusion of nicotine might be advised. Additionally, there is increasing research data attesting to the “gateway” drug aspect of nicotine in that it primes the brain to be more susceptible to other drugs. we consider to be much more harmful.

Melanie Reid  
Associate Dean of Faculty - Lincoln Memorial University  

I would either eliminate marijuana from the Controlled Substance list or at the very least, place the drug on another schedule other than Schedule I. I would also reconsider the efficacy of mandatory minimum sentences and consider allowing judges more discretion at the sentencing phase, taking into account whether the defendant is a non-violent offender.
Daniel Rodriguez
Harold Washington Professor, Pritzker School of Law - Northwestern University

I favor a comprehensive federal approach to marijuana policy reform, beginning with descheduling marijuana and removing prohibitions on federal funding for public health, and related, studies. Congress should create an administrative structure (whether through the creation of a new regulatory agency or working with existing institutions) that enables a collaborative regulatory approach among federal, state, and local governments.

While states should be encouraged to experiment with decriminalization and legalization efforts, as they have been doing in recent years, long-term solutions require a coherent strategy at the federal level.

Further, drug policy (including, but not limited to, cannabis) should (1) draw upon evidence-based analyses of state experiments and also strategies pursued by other countries, and (2) be attentive to public health and environmental considerations, these having been neglected to a great extent in recent state legalization efforts.

Daniel Satterberg
Prosecuting Attorney - King County, WA

1. Build a public health response to substance use disorder so that people caught in possession of personal use amounts of illegal drugs are offered help instead of handcuffs. The criminal legal system is ill-equipped to deal with addiction and related instability of a person in behavioral health crisis. The CSA could be amended to require governments to offer treatment upon demand, funded in part with pharmaceutical industry support.

2. The scheduling of various substances needs to be modernized to remove barriers to research and to recognize the political nature of the original Act. Cannabis regulation is now a fact for a huge percentage of Americans, highlighting how out-of-date the CSA is.

Jeffrey Singer
Senior Fellow - Cato Institute

1. Reform provisions on methadone treatment in order to allow primary care practitioners to prescribe methadone MAT in the primary care setting, as is done in Canada, the UK, Australia, and in 2 pilot programs in the US (in Boston and Seattle).

2. Repeal the “X” waiver requirement for buprenorphine MAT

3. Reschedule cannabis to Schedule II or Schedule III

Deborah Small
Executive Director and Founder - Break the Chains

1. Revising the drug scheduling system to require regular review of current permanent and temporary classifications to ensure they are consistent with scientific and medical research and knowledge about each drug, patterns of use/potential for abuse and health effects. A number of Schedule I substances including cannabis and MDMA have shown promise in treating mental health conditions such as depression and post-traumatic stress disorder, but legal restrictions make it difficult to set up the sort of studies and trials needed to meet government standards for use.

2. Creating budgeting parity between resources dedicated to drug law enforcement and resources committed to drug treatment, harm reduction services and community engagement; re-framing “controlled substances” from the current law enforcement frame to one that focuses on health, public safety and human rights. Eliminating financial incentives that encourage federal, state and local law enforcement to prioritize drug offenses over other harmful criminal activity.

3. Require racial impact analysis for current and proposed drug policies that quantifies harms to Black and Latinx communities resulting from racially-biased drug law enforcement.

Drury Stevenson
Professor of Law - South Texas College of Law

1. The sentences for violations of the CSA are far too long and must be shortened drastically;

2. At the same time, in practice the CSA indirectly provides the basis for our primary form of firearm regulation in this country, and most of the basis for our firearm background check system - the felon-in-possession statute (922(g)(1),
and, to a lesser extent, the drug users and addicts firearm prohibition (922(g)3) - which means that repealing the CSA entirely would, in practice, repeal the main portion of what little gun control we still have in this country, not only in terms of penal laws, but also restrictions on new gun purchases;

3. Reducing CSA sentences to one year and a day would preserve the structure of federal firearm policy; in the alternative, decriminalizing possession of controlled substance combined with a vastly overhauled reporting system for noncriminal use to the NICS database could achieve the same policy goal, by shifting this category of prohibited persons from 922(g)1 to 922(g)3.

Richard Van Wickler
Superintendent - Cheshire County Department of Corrections, NH

1. A Congressional appointed blue ribbon panel to review and recommend changes to the current CSA. All stakeholders represented on the panel.
2. Public Education and awareness about what the CSA is and how it impacts society.
3. Understand the significant financial and opportunity costs involved with supporting the current CSA

Michael Vastine
Professor and Director, Immigration Clinic - St. Thomas University School of Law

In the immigration arena, have the Immigration and Nationality Act construed literally, as historically repeatedly required by the United States Supreme Court, and thereby only attach (federal) immigration consequences where a state offense necessarily related to a federally-defined controlled substance, and where a state has created a dissonant definition or a unique prosecutorial model, that scheme should not trigger a removal or immigration consequence. Alternatively, universal adoption of the uniform controlled substance act would serve to accomplish the same goal: predictable and uniform legal consequences of similar factual criminal conduct.

William Vodra
Former Associate Chief Council for Drugs – FDA

1. Adopt a nationwide triplicate prescription program for Schedule II drugs, allowing the tracking of who prescribes, who dispenses and who receives these drugs through normal channels. The opioid crisis showed that “retail” outlets for Rx drugs can be a substantial factor in diversion and abuse.
2. Creation of special courts for drug offenses, permitting treatment (rather than incarceration) for most users.
3. Reorganization of DEA to put regulation of legitimate drugs into a separate agency or agency.

Jonathan Wroblewski
Director, Office of Policy and Legislation, Criminal Division - U.S. DOJ

1. Reforming sentencing policy for controlled substances
2. Regulating synthetic and emerging substances

Patricia J. Zettler
Assistant Professor, Moritz College of Law - The Ohio State University

1. Marijuana should, at the very least, no longer be in schedule 1.
2. Changing to a science-based public health, rather than a law enforcement, approach to controlled substances, which among other things could enable better and more research into the effects, risks, and benefits of controlled substances, both for individuals using them and society-at-large.

Erica Zunkel
Associate Director, Federal Criminal Justice Clinic - University of Chicago Law School

Reevaluating the CSA schedules entirely, and in particular removing marijuana from Schedule I.