

Testimony

Public Hearing on Medical Cannabis

Ken Dickinson, MS., R.Ph., Hon. DSc.

Director Marketing, Gaudenzia, Inc.

I am grateful for this opportunity to provide testimony on a very controversial, emotional and important topic. Being a Registered Pharmacist for over 44 years, an Employee Assistance Counselor, and a Health Educator for over 25 years I have been a witness to a sub culture that is made up of individuals who spend much of their time and energy using, abusing and some becoming addicted to psychoactive medications. I have seen the day when someone opened their Darvon Compound-65 Rx and ingested the 'pellet' inside the capsule, "cooked" Rx opioid tablets to produce a liquid for injection, combined two Rx drugs to make "pancakes and syrup", etc. and today putting their medications into liquid form so they may "vape" to achieve an intensive desired high. I mention this to point out that medicine with any degree of psychoactivity has a long history of abuse. My concern as both a Health Educator and a Pharmacist is the safety and welfare of individuals. Increasing the availability and ease of access to the purchase of cannabinoids need to not be taken lightly. It is a shame we have to balance the medical benefits of cannabinoids for some against the potential for abuse, impairment, and addiction of others.

Some health concerns

- Legalization leads to increase in general access that contributes to increase in adolescent use.
- Decreases perception of harm & safety that can contribute to increase in experimentation
- Legalization has led to improved growing conditions & horticultural practices so that potency of leaf increased from 15% to 20% and more. Hash and "Weed Oil" or Honey increased from 20% to 85-90%. As the phrase goes "this is not your father's pot". It is today's "weed". Please note that marijuana once classified as a sedative-hypnotic (downer) drug is now classified as a hallucinogen (all-arounder) due to the higher cannabinoid content.
- Concerns regarding facts that legal Medical Marijuana has produced a significant increase in calls to poison control centers for unintentional use by those less than 9 Y.O. as well as increase in those seeking care at hospitals
- In Colorado there has been an increase in traffic fatalities related to cannabis ingestion demonstrating the need for increased monitoring.

Educational Concerns

- According to a survey of teachers by Columbia University, 60% indicated that drugs have diminished the quality of education in our nation's schools.

- A National Drug and Alcohol Center report linked marijuana use and poor school performance. It showed that young marijuana users are 2.3 times more likely to drop out of school compared to their non-using classmates.
- A New Zealand report showed that high school students who are chronic marijuana smokers have trouble remembering things, forget their books at home, and fall asleep in class.
- Additionally, some of the students are getting involved in drug trafficking in order to pay for their drug use.
- Ken received a call shortly after Colorado's recreational approval from a counselor at a middle school. She told a story of an entire class intoxicated for the entire day. "We didn't smell anything; there was no paraphernalia we couldn't understand what was happening. One of the students brought baked goods to school that his older brother made. He didn't know they were made with weed oil, "honey". The students shared the baked goods and were intoxicated for well over 8 hours." Medical Marijuana has played a major role in the development of "edible" marijuana that has seen a drastic increase amongst adolescents and young adults.

Ared We Opening a Pandora's Box?

Clandestine drug traffickers are now disguising themselves as legitimate "medical dispensaries". We have a proliferation of web sites and retailers (where legal) selling marijuana products with names like AK47, Charlie Sheen, Kryptonite, etc. Many of these names are also used for the "Synthetic Cannabinoid" products. Products solely made for the purposes of "getting high". Many of these web sites also sell other drugs of abuse with little or no medical indications such as salvia, and a variety of what are called by the World Health Organization "New Psychoactive Substances". An example of web marketing shows how the intention of a product called "White Widow" is not aimed at a medical use but at recreational use.

"Effects: Very euphoric at first, when up and moving it gives a very energetic feeling like I was able to run a mile. When I laid down and rested I felt slightly couch locked but not enough to prevent movement. The high is very clear minded giving you much more room to think."

Potency: Extremely potent, one hit had me going with a pretty good buzz for 30 minutes or so. About 5-10 hits later I was intensely high and it lasted for about 3 hours"

As you can see these cannabinoid products are not medical in nature with no mention of disorders to be treated or of potential side effects. True medicines include side effects and other medical and health information.

Lessons Learned in Colorado

- In Colorado 5.6% of drug-related referrals of students tested positive for marijuana between 2007 and 2009. 17.3% tested positive between 2010 and 2012, a 150% increase
- 74% of Denver area teens in treatment said they used somebody else's medical marijuana on an average of 50 times.

- In 2006 Colorado teens used marijuana at a rate 9.41% more than the national average and in 2011 it increased to 28.73% higher than national average.
- From 2006 to 2012 marijuana related ER admissions increased by over 200% in children under 5 years of age, 60% for kids 6 to 12 years and 92% in 13 – 14 year olds.

Which Disorders/Diseases to Treat? & Efficacy

- The Glaucoma Research Foundation stated the following in its Apr. 24, 2012 article titled "Medical Marijuana," available on its website and confirmed as current position on Apr. 7, 2014:
 - Advocates cite Glaucoma yet according to Glaucoma Research Foundation- "To date, no studies have shown that marijuana— or any of its approximately 400 chemical components—can safely and effectively lower intraocular pressure better than the variety of drugs currently on the market."
- The American Glaucoma Society stated the following in its Aug. 10, 2009 "Position Statement on the Marijuana and the Treatment of Glaucoma," available on its website on confirmed as current position on Apr. 7, 2014:
 - "[T]he mainstay of treatment for glaucoma patients is lowering the IOP [intraocular pressure]... Although marijuana can lower the intraocular pressure (IOP), its side effects and short duration of action, coupled with a lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time."
- Colorado data from medical marijuana applicants revealed that the average user of smoked "medical" marijuana has no chronic illness and is a white male in his mid-thirties with a history of alcohol and drug abuse.
- Few people seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis.
- In one state that permits the use of medical marijuana, only 3% of users reported having cancer and less than 1% reported having HIV/AIDS as the basis for seeking marijuana. (1)

Do we need THC & mixed cannabinoids? What's wrong with current Rx medications?

- We have Rx products and we need to hasten the approval of cannabinoids currently in research such as Sativex. has been approved in several countries for cancer pain and multiple sclerosis spasticity and comprises two of marijuana's active ingredients delivered as mouth spray which may offer an alternative solution pending FDA approvals.
- Other non-smoked medications derived from marijuana such as Marinol (dronabinol), have also been developed.

Impact on Recovery & Treatment

- Cannabinoids have been identified as the first drug used in relapses other than the individuals primary drug of choice.

- According to NIDA, long term marijuana use can lead to addiction. It is estimated that 9% of those who use will develop addiction. The number goes up to 1 in 6 for those who started in early teens and to 25- 50% in those who are daily users.

Summary

- There are many pros and cons regarding Medical Cannabis and we need to make sure we examine all of them, just as a prescriber balances risk vs. benefit.
- We don't want to deprive someone of relieve of their symptoms because we have a sub culture that is preoccupied with abusing psychoactive substances.
- I believe many of the ailments that cannabis is approved to treat are better or just as well treated with established medications.
- But we do need to have cannabinoids available for those who have a severe diagnosis and cannabinoids are shown to be effective and safe.
- Before a bill to Legalize Medical Marijuana is approved I would like to see ailments such as anxiety eliminated from the indications. Or for anxiety and other similar conditions to require "an exemption" status.

CURRICULUM VITAE

(brief)

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MISSION STATEMENT

To provide society with healing from behavioral and addictive illness through educating, treating, and managing professionals who are positioned to provide healing and education to those who are affected by behavioral and addictive illness.

EDUCATION

Philadelphia College of Pharmacy @ USciences
St. Joseph's University (Philadelphia)

BS in Pharmacy
MS in Health
Education/EAP
Honorary Doctorate
Science

Philadelphia College of Pharmacy @USciences

CREDENTIALS

Registered Pharmacist (RPh.)

Pennsylvania

PROFESSIONAL EXPERIENCE

Retail & Hospital Pharmacy Practice
Addictions Counseling
Addictions Preventionist
Employee Assistance Professional (CEAP)
Business Development for Behavioral Health Centers

15 years
3 years
2 ½ years
4 years
20years

FACULTY POSITIONS (Adjunct)

Alvernia College (Addictions Counseling & Criminal
Justice Degree Programs)

1992- 2010

PA. Department of Health-BDAP
Eastern University (Addictions Curriculum)
Immaculata University

1988- Current
2007- 2011
2011-2012

MARTI: Mid-Atlantic Addiction Research Training Institute Current.

NIDA-ATTC Buprenorphine Trainer
Drexel MCP/Hahnemann (Psychopharmacology)

2005- Current
1998-2006

Philadelphia College of Pharmacy
University of Utah Summer School on Alcoholism

1990- Current
1985-1999

Rutgers Summer School on Alcoholism

1990-1997

Rowen Summer Institute on Alcoholism

1989-1993

*College Courses Taught: Psychopharmacology of Drug Abuse for Clinicians, Advanced Psychopharmacology for Clinicians, Drugs of Abuse and Addiction (Pharmacy Majors)

*Pa. Department of Drug and Alcohol Programs Courses include but not limited to: Basic Pharmacology of Drug Abuse, Advanced Pharmacology of Drug Abuse, Psychopharmacology of Co-Occurring Disorders, "How to Fool the Bladder Police", FASD & Other Fetal Syndromes, Buprenorphine for the Non-Medical Professional, Medication Assisted Therapy, Psychopharmacology Made Ridiculously Simple

CURRENT POSITION

Director Marketing, Gaudenzia, Inc- Norristown, PA
Co-founder & Past President of Board, PA Recovering Pharmacists Program (SARPH)
Co-founder & President of Board, PA Nurses Assistance Program (PNAP)
Board Member, Pro-A, A Pennsylvania State Wide Alcohol, Addiction and Recovery Advocacy Organization

TESTIMONY OF Edwin C. Quiggle, Jr.
ON BEHALF OF HIMSELF AND
Pennsylvanians for Rational Drug Policy
AND
People of Sunbury United for Medical Marijuana
BEFORE THE PENNSYLVANIA
HOUSE OF REPRESENTATIVES
COMMITTEE ON THE JUDICIARY
AND
COMMITTEE ON HEALTH
ON THE SUBJECT OF MEDICAL MARIJUANA

Good morning, before I introduce myself I would like to thank Rep. Marsico and the Pennsylvania House of Representatives Committee on the Judiciary and Committee on Health for inviting me to testify before the committees today on this joint hearing on medical marijuana. My name is Edwin C. Quiggle, Jr., and I am the founder of the group Pennsylvanians for Rational Drug Policy. I am also the founder of People of Sunbury United for Medical Marijuana, and am the co-founder of the Susquehanna Valley Liberty Alliance. I currently serve as the elected State Constable of the 9th Ward of the City of Sunbury, and I am also a member of the group Law Enforcement Against Prohibition (LEAP) and the Constitutional Sheriffs and Peace Officers Association (CSPOA). As Constable I have signed a resolution standing up for the rights of medical marijuana patients. Additionally, I am a Drug Policy Advisor for the Solutions Institute. As a citizen and an activist, I have been advocating for rational drug policy reform for over a decade.

To begin, I'd like to highlight some important facts:

Cannabis is a non-toxic and non-lethal plant, it is not possible to take a lethal overdose of cannabis. The medical value of this plant and its compounds has been recognized since time immemorial. Cannabis has been used to treat a wide range of illnesses throughout recorded history, and throughout the history of our Commonwealth and our country. Cannabis was included in the US Pharmacopoeia up until 1942, which was not long after the federal government had enacted an unconstitutional cannabis tax act.

Some opponents of legalization claim there aren't enough studies, and while there is always room for more studies, cannabis is in fact more well studied than most pharmaceutical drugs approved by the FDA. Many FDA pharmaceuticals are approved after only a single clinical trial. The facts are there are thousands of peer-reviewed studies and reviews of cannabis and cannabinoids. The plant and its compounds are safe and effective, and clearly have medical use, and therefore should not be classified as Schedule I substances, at the state and federal levels. Legalizing medical marijuana will improve the quality of life and health of many patients.

Medical research on cannabis was conducted during the 1970s and 1980s, when over 30 states and the federal government initiated programs to research the medical benefits of cannabis and THC, the

primary psychoactive component of cannabis. This led to the FDA approval of THC in 1985, which is prescribed under the brand name Marinol. However, Marinol contains only one of many cannabinoids, and since it is an oral formulation, it is not always able to be administered effectively for all conditions that other forms of cannabis containing THC would. This illustrates why effective medical marijuana laws do not place limitations on the routes of administration. The federal studies were conducted under the FDA's Compassionate Exemption Investigational New Drug program, and the state studies were conducted through cooperation with the federal government, which were done pursuant to state laws known as the Controlled Substances Therapeutic Research Act. Pennsylvania considered passing its own Controlled Substances Therapeutic Research Act, when bills were introduced in the General Assembly in 1979, and reintroduced in 1981, but never passed committee.

In the early 1990s the George H. W. Bush administration closed the program to new patients, but the remaining patients continue to be supplied with cannabis. The federal government also stopped supplying states with medical marijuana for their studies. Since 1996 23 states, DC, and 2 territories have passed effective modern medical marijuana laws, and they work because they do not rely on the federal government, but instead invoke the 10th amendment and the anticommandeering doctrine. A dozen more states have passed ineffective "CBD-only" bills, or "Charlotte's Web bills," which are deeply flawed, because many create bureaucracies and few, if any, patients will ever benefit from these bills.

In total, there are 35 states that have passed medical marijuana bills since 1996, which means most of the country has passed bills that try to protect medical marijuana patients, but Pennsylvania remains among a minority of 15 states that have not passed any medical marijuana law. The General Assembly has continued to wait for the federal government to do the right thing, but they have refused to. While we see some progress at the federal level, such as the Rohrbacher amendment which prohibits the Department of Justice from spending money to undermine state medical marijuana programs, patients in Pennsylvania suffer and die while waiting for government at all levels to take action.

The prohibition of medical cannabis is both unconstitutional and unpopular. Franklin & Marshall College polls show that 85% of Pennsylvanians support the legalization of medical cannabis. Pennsylvanians for Rational Drug Policy's position on the prohibition of medical cannabis is that it is a clear violation of Article I, Section 1 of the Constitution of the Commonwealth of Pennsylvania and the 9th and 10th amendments to the US Constitution. Even the Shafer Commission, which was created by President Nixon and Congress, and was chaired by former Pennsylvania Governor Raymond P. Shafer, released a report in 1972 which found that the prohibition of cannabis was constitutionally suspect.

Legalizing medical cannabis would ease some of the burden the war on drugs places on state and local law enforcement, because state and local law enforcement resources would no longer have to be wasted on going after patients. A good and effective bill would require local and state law enforcement agencies and agents to refuse to assist, provide support, or otherwise cooperate in the enforcement of federal acts which prohibit medical cannabis. This would also save taxpayer money, as a good bill

would prohibit expenditures on enforcing medical cannabis prohibition.

This Commonwealth has a right to refuse to cooperate with the officers of the union when asked to help enforce unconstitutional or unpopular acts. The Supreme Court of the United States has affirmed this, what is known as the anti-commandeering doctrine, in cases such as *Prigg v. Pennsylvania* (1842), *New York v. US* (1992), *Printz v. US* (1997), and *Independent Business v. Sebelius* (2012), and the 9th and 10th amendments to the United States Constitution protects the right of our Commonwealth and its people to decide this issue. The state cannot be forced to enforce or assist or cooperate in enforcing federal acts.

While I am testifying as a citizen and as founder of Pennsylvanians for Rational Drug Policy, I would like to point out that as a Pennsylvania State Constable, I signed a policy resolution which makes it official policy for my office not to enforce acts which prohibit medical cannabis against medical cannabis patients, due to the common law medical necessity doctrine and due to the constitutionally suspect prohibition of medical cannabis. I have attached a copy of the language of this resolution, which was signed this year.

Doctors and other health professionals have a free speech right to recommend medical cannabis to patients, and a good bill would forbid law enforcement from arresting any patients who present a recommendation signed by a doctor or other health care professional, or who present an optional medical cannabis patient ID card. In order to protect patient privacy the patient ID card should be optional, and should not contain biometric data.

The state has a right and a duty to protect patients in Pennsylvania. Many Pennsylvanians have had to leave the state to obtain legal access, and still others stay in the Commonwealth and risk arrest and prosecution for using a medicine they need. A good bill protects all patients who are within the borders of this Commonwealth, whether they are a resident or citizen or not, it shouldn't matter. Therefore, we recommend reciprocity provisions protecting all patients who have a recommendation, and patients who have medical marijuana patient ID cards from other governments.

Pennsylvanians for Rational Drug Policy recommends a free market approach that allows non-profit organizations, for-profit corporations, and individuals to participate in the medical cannabis marketplace. Patients and their caregivers should be allowed to cultivate their own medicine, to allow them access to more affordable medicine, and to ensure the patient has access to medicine, even if the federal government were to raid and shut down dispensaries. Pennsylvania should not rely on a broken and unconstitutional federal regulatory program, to the benefit of foreign pharmaceutical corporations. The state shouldn't deny Pennsylvania farmers and agricultural businesses the right to grow this medicinal crop to supply patients and researchers in Pennsylvania. When the federal government catches up with the rest of the country and approves expensive pharmaceutical versions, they can compete with the affordable alternatives supplied under the state's medical marijuana law.

We urge the legislature to refuse to tax the sale of medical cannabis, just as our prescription pharmaceutical drugs are not taxed, nor are our over-the-counter drugs, nor our dietary supplements. Regulating cannabis as a dietary supplement would likely be the best way to go about legalizing cannabis. We recommend against licensing fees that would prevent the poor and middle class from participating in the industry, which will help create more jobs and lower prices.

This General Assembly has stood up to the privacy-infringing biometric ID cards foisted upon the states with the federal government's REAL ID Act, it is currently fighting to end the state's irrational monopoly on wine and liquor, and we would hope the General Assembly would continue to stand for these same principles when it comes to the medical cannabis market.

If the General Assembly approves a bill that does not respect patient privacy, that opens patients and caregivers up to arrest and prosecution by the federal government, or creates a giant bureaucracy to oversee a government run marketplace, then Pennsylvania will not have a rational and effective medical marijuana law. All patients with a recommendation need to be protected and have safe access to medicine that is grown in this state. Pennsylvania should join the 23 states, DC, and 2 US territories that have passed effective medical marijuana laws. There is a reason the majority of America and the majority of Pennsylvanians have decided that medical cannabis should be legalized, and that is because they have recognized that cannabis is a safe and effective medicine that should not be prohibited. The people of Pennsylvania are counting on you to do the right thing and protect patients in 2015. Thank you.

Attached to this testimony are:

1. Testimony on the problems with Senate Bill 3 of 2015, the Medical Cannabis Act.
2. Resolution 2015-1 of the Constable of the 9th Ward of the City of Sunbury

**RESOLUTION OF THE CONSTABLE OF THE 9TH WARD OF THE
CITY OF SUNBURY, COUNTY OF NORTHUMBERLAND,
COMMONWEALTH OF PENNSYLVANIA
RESOLUTION 2015-1**

**A RESOLUTION, WHICH SHALL BE KNOWN AND MAY BE CITED
AS THE "COMPASSIONATE MEDICAL CANNABIS REFORM
RESOLUTION." TO PROTECT THE MEDICALLY NECESSARY
USE OF CANNABIS OR MARIJUANA, HEMP, CANNABINOIDS,
DRUGS, AND DRUG PARAPHRNALIA, AND THE RIGHT TO PRIVACY;
NONCOMPLIANCE AND NON-ENFORCEMENT WITH ACTS
IN VIOLATION OF THE CONSTITUTION OF THE COMMONWEALTH
OF PENNSYLVANIA AND THE CONSTITUTION OF THE UNITED
STATES.**

WHEREAS, Article I, Section 1 ("Inherent Rights of Mankind") of the Constitution of the Commonwealth of Pennsylvania states:

"All men are born equally free and independent, and have certain inherent and indefeasible rights, among which are those of enjoying and defending life and liberty, of acquiring, possessing and protecting property and reputation, and of pursuing their own happiness."

WHEREAS, the 9th Amendment to the Constitution of the United States states:

"The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people."

WHEREAS, the Constitution of the Commonwealth of Pennsylvania, Article VI, Section 3 states:

"Senators, Representatives and all judicial, State and county officers shall, before entering on the duties of their respective offices, take and subscribe the following oath or affirmation before a person authorized to administer oaths. "I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth and that I will discharge the duties of my office with fidelity." The oath or affirmation shall be administered to a member of the Senate or to a member of the House of Representatives in the hall of the House to which he shall have been elected. Any person refusing to take the oath or affirmation shall forfeit his office."

WHEREAS, pursuant to the Oath of Office, all state and federal legislative, judicial and executive officers are sworn to support, obey, and protect the Constitution,

WHEREAS, laws not passed in "pursuance" of the Constitution are null and void from their inception,

WHEREAS, that this Office has a right to be free from the commandeering hand of the federal government, and this right has been most notably recognized by the United States Supreme Court in *Printz v. United States* when the Court held: *"The Federal*

Government may neither issue directives requiring the States to address particular problems, nor command the States' officers, or those of their political subdivisions, to administer or enforce a federal regulatory program,"

WHEREAS, the anti-commandeering principles recognized by the U.S. Supreme Court in *Printz v. United States* are predicated upon the advice of James Madison, who in *Federalist #46* advised "*a refusal to cooperate with officers of the Union*" in response to either unconstitutional federal measures or constitutional but unpopular federal measures,

WHEREAS, all federal, state, and local acts, actions, laws, orders, ordinances, resolutions, rules, or regulations which penalizes, prohibits, or criminalizes the medical use, possession, sale or transfer of cannabis or marijuana, hemp, cannabinoids, Schedule I substances, experimental substances, or drug paraphernalia are in violation of Article I, Section 1 of the Constitution of the Commonwealth of Pennsylvania, and the 9th Amendment to the United States Constitution,

WHEREAS, even if there were a constitutional mechanism for penalizing, prohibiting, or criminalizing the medical use, possession, sale or transfer of cannabis or marijuana, hemp, cannabinoids, Schedule I substance, experimental substance, or drug paraphernalia for medical use, patients with a medical necessity would still be justified and exculpated in violating any such act, law, order, ordinance, rule, or regulation due to the Common Law necessity defense; as the Common Law has remained part of the laws of Pennsylvania since the General Assembly approved an English Common Law reception statute in the year 1777,

THEREFORE, BE IT RESOLVED,

For the above and foregoing reasons, I, Edwin Clarence Quiggle, Jr., Constable of the 9th Ward of the City of Sunbury, County of Northumberland, Commonwealth of Pennsylvania declare that the federal law known as the "Controlled Substances Act," signed by President Richard Nixon on October 27, 1970, and the state law known as the Controlled Substances, Drugs, Device, and Cosmetic Act of 1972, P.L. 233, No. 64., and any other federal, state, or local act, law, rule, order, ordinance, rule, or regulation which penalizes, prohibits, or criminalizes the medical use of cannabis or marijuana, hemp, cannabinoids, Schedule I substances, experimental substances, or drug paraphernalia, are not authorized by the Constitution of the United States, or the Constitution of the Commonwealth of Pennsylvania, and violate their true meaning and intent as given by the Founders and Ratifiers, and were and are null and void from their inception and will not be implemented, enforced, or otherwise supported in this Commonwealth by the Office of Constable of the 9th Ward of the City of Sunbury, and it is the express policy of the Constable that no officer, employee, or agent of the Constable's Office, including any Deputy Constable or member of a posse under the command of the Constable or a Deputy Constable, may implement, enforce or otherwise support, directly or indirectly, any of the above noted unconstitutional federal, state, or local acts, actions, laws, orders, ordinances, rules, or

regulations which penalizes, prohibits, or criminalizes the medical use, possession, sale or transfer of cannabis or marijuana, hemp, cannabinoids, or drug paraphernalia for medical use, and that they are specifically rejected by the Constable and the Office of Constable of the 9th Ward of the City of Sunbury. A violation of such policy by a Constable, Deputy Constable, officer, employee, agent, or member of a posse under the command of the Constable or a Deputy Constable, will be deemed a violation of their oath of office and/or employment, and will subject them to discipline up to and including termination and potential arrest,

FURTHER, it shall be the duty of the Constable and the Office of Constable for the 9th Ward of the City of Sunbury, within the Commonwealth of Pennsylvania, to adopt and enact any and all measures as may be necessary to prevent the enforcement of any federal, state, or local acts, laws, orders, ordinances, rules, or regulations in violation of Article I, Section 1 of the Constitution of the Commonwealth of Pennsylvania, and to prevent any violation of this policy resolution,

FURTHER, in keeping with my oath to support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth, I hereby express my commitment to interpose this office and stand in defense of all persons within this Commonwealth, against any and all attempts by the government of the United States, the government of the Commonwealth of Pennsylvania, the government of the County of Northumberland, the government of the City of Sunbury, or any other agents of the those governments to infringe upon the right to privacy, or to subject the people to the unconstitutional penalization, prohibition, or criminalization of the medical use, possession, sale or transfer of cannabis or marijuana, hemp, cannabinoids, Schedule I substances, experimental substances, or drug paraphernalia,

FURTHER, the right to privacy shall not be infringed, and it shall be the official policy of the Office of Constable of the 9th Ward of the City of Sunbury to defend, protect, support, and respect the right to privacy. The Constable shall ensure that the Office of Constable of the 9th Ward of the City of Sunbury, and its Deputy Constables, officials, agents, employees, and members of a posse under the command of the Constable or a Deputy Constable, shall defend, protect, support, and respect the right to privacy. A violation of such policy by a Constable, Deputy Constable, officer, employee, agent, or member of a posse under the command of the Constable or a Deputy Constable, will be deemed a violation of their oath of office and/or employment, and will subject them to discipline up to and including termination and potential arrest,

FURTHER, I urge the Representatives and Senators of the General Assembly of this Commonwealth to commence immediately efforts to support and secure passage and enactment of legislation that restores the right to cultivate, possess, process, sell, transfer, and use medical cannabis, without restricting conditions which qualify for protection, or limitations on the routes of administration of the medicine, as well as legislation to legalize industrial hemp, and legislation to protect the right to privacy,

FURTHER, I urge the Sunbury City Council and the Mayor of the City of Sunbury to commence immediately efforts to introduce, support, and secure passage and enactment of the Compassionate Medical Cannabis Reform Ordinance,

FURTHER, I urge the People of the City of Sunbury to commence immediately efforts to introduce, support, and secure passage and enactment of the Compassionate Medical Cannabis Reform Ballot Initiative,

FURTHER, I urge the Northumberland County Commissioners to commence immediately efforts to support, and secure passage and enactment of a county-level version of the Compassionate Medical Cannabis Reform Ordinance,

FURTHER, I urge my fellow Constables, as well as the Sheriffs of the various counties of Pennsylvania, to join me in signing their own Compassionate Medical Cannabis Reform Resolution, thereby adopting the same policies for their Office,

BE IT FURTHER RESOLVED, within thirty (30) days from the execution hereof, a copy of this resolution shall be sent via mail, fax, or e-mail with a return receipt, to the Governor of Pennsylvania, to the 108th District's Representative and the 27th District's Senator of the General Assembly of this Commonwealth, and to each Councilman of the Sunbury City Council and to the Mayor of the City of Sunbury, either directly or through the City Clerk's office, by the Constable or an agent of the office of Constable,

BE IT FURTHER RESOLVED, recognizing my oath-bound duty to support, obey, and defend the Constitution of the United States and the Constitution of this Commonwealth, as well as recognizing the duty of "We the People" to protect our unalienable natural rights to "Life, Liberty, and the pursuit of Happiness" as alliterated in the Declaration of Independence, I, Constable Edwin Clarence Quiggle, Jr. hereby adopt this resolution.

Signed, this 20th Day of January, 2015, by: _____ the duly-elected Constable of the 9th Ward of the City of Sunbury, County of Northumberland, Commonwealth of Pennsylvania.