The VA and the FDA are keeping veterans from a helpful treatment option, just because it's marijuana

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The Department of Veterans Affairs is opposing a group of bills that could help veterans better access medical marijuana in states where it is legal. This is unsurprising. As a federal agency, the VA must ultimately toe the line defined by the Controlled Substances Act and the Drug Enforcement Administration: that marijuana has no legitimate medical uses and is a dangerous drug. Yet the VA's position also raises the broader question: Will the federal government ever view marijuana, as a plant, as "medicine"?

Although it helps millions of people every day, marijuana, as far as the federal government is concerned, is not and will never be medicine. Legalization advocates like myself should put little hope in a whole plant being validated by the Food and Drug Administration as "medicine." The FDA is no more likely to approve marijuana as a medicine than it is to approve chicken soup for colds, even though we all know chicken soup works.

Marijuana, whether smoked, drank, vaporized, or eaten, unquestionably has innumerable medicinal and therapeutic uses, as does ginger tea, yoga, hot toddies, and a good night's sleep — all of which won't be approved by the FDA either. Marijuana has proven uses in reducing seizures, treating glaucoma, restoring the appetites of those undergoing chemotherapy, reducing stress, treating pain, and many more. It truly is a miraculous and complex little plant.

The problem, at least for some, is the psychoactive "side effects." Interestingly, by one count, there are 203 FDA-approved drugs that list suicide and depression as side effects, but marijuana's "side effect" of mild euphoria and the giggles is the one that seems to most concern the federal government.

That's like banning grandma's chicken soup because, while it's good for a cold, it has the "side effect" of being delicious.

The FDA, as the arbiter of the official "medicines" of the United States, has an understandable focus on single-substance drugs that can be clinically proven to have a predictable medical effect through clinical trials. If a pill in a clinical trial has 10 substances in it, it can be very difficult to know which substance is causing which effect.

Marijuana, as a whole plant, contains more than 500 known compounds, many of which scientists are still trying to determine the effects. That's somewhat unique from other prohibited drugs, such as heroin or LSD, which are single-compound drugs. Due this complexity, smoking marijuana involves inhaling a panoply of chemicals that work together to give marijuana its smell, flavor, and various psychological and physical effects.

The combination of those effects gives marijuana a yin-yang quality, with some substances seemingly inducing calm while others can cause agitation. For those who want to avoid whole-plant marijuana's Janus-faced nature, there are currently four different single-substance, cannabinoid-based drugs approved by the FDA. The first three are based on synthetic cannabinoids, but the most recent, Epidiolex, is an oral solution of CBD that is derived from the marijuana plant and approved for certain forms of epilepsy. But for others, the complexity of marijuana creates an "entourage effect" that, while having both unpredictable and predictable effects, is preferable to, say, a pill containing isolated THC+.

Moreover, while the complexity of marijuana is one barrier to FDA approval, the variability is another. Marijuana has been cultivated for millennia, and cannabis horticulturalists have managed to produce different strains that vary widely in their components. While all the strains might be called by the scientific name of cannabis sativa or cannabis indica, they can have high CBD and low THC or the opposite. Others will be rich in other compounds that augment certain effects, such as being pacifying, over others. Finally, to make whole-plant marijuana even more difficult to pin down, the subjective experience can vary widely, even with familiar strains. What for some is a strain that alleviates depression, for others causes it.

What is the FDA to do with such a drug? Nothing, just like it does with alcohol.

Pharmaceutical companies are free to isolate cannabinoid compounds, find more targeted delivery methods, and seek FDA approval. They can refine compounds to take away the unpleasant "side effect," for some at least, of psychoactive effects.

But the current situation is unsustainable, where a patchwork of 33 states have legalized the whole plant for recreational or medical uses while the federal government technically prohibits use for any reason. For veterans who are beholden to the federal government for their medical care, seeking to use marijuana medically in states where it is legal are in a tenuous relationship with their healthcare provider.

Whole-plant marijuana is more like a medicinal tea than an official medicine. Like tea, the side effects are benign enough, for most at least, that users should be free to experiment to find what works for them. As an intoxicant, marijuana is no more dangerous than alcohol, which of course also has many upsides because it is an intoxicant. Let the FDA decide what is "medicine," and let citizens decide what's medicinal for them.

And leave chicken soup alone too.

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