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Survey Finds 44.2% of GLP-1 Users Who Drank at Treatment Start Reported Drinking Less

The Brown-led study adds early evidence that medications like Ozempic and Wegovy may curb alcohol use, but it did not prove a causal effect

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A study led by researchers at Brown University found that many people taking GLP-1 drugs such as Ozempic and Wegovy said they drank less alcohol after starting the medications, adding to early evidence that the drugs may affect more than appetite and weight.

The study, published in October in JAMA Psychiatry, was based on a survey of 2,009 U.S. adults conducted in March and April 2026 through RAND's American Life Panel. Of those respondents, 368 said they were current or former users of a GLP-1 medication. Among 242 people who said they drank alcohol when they began taking a GLP-1, 44.2% reported that they drank less during the first three months of treatment. Another 52.6% said their drinking did not change, while 3.3% said they drank more.

The pattern was stronger among respondents who reported at least one heavy drinking episode in the previous year. The researchers defined that as four or more drinks on one occasion for women and five or more for men. In that group, 54.1% said they reduced their alcohol use after starting a GLP-1 medication, 40.2% reported no change and 5.7% said they were drinking more. The last group amounted to three people.

The findings arrive as interest grows in whether GLP-1 drugs could influence cravings beyond food. Reports from some patients and clinicians have suggested that the medications may reduce the urge to drink alcohol, but evidence remains limited. The Brown-led team said its survey was designed to examine whether patients themselves were noticing those changes.

Researchers involved in the study came from Brown's School of Public Health, Harvard, McLean Hospital, Duke University, Brandeis University and RAND. The work was supported by grants from the National Institute on Alcohol Abuse and Alcoholism.

The study also placed the question in a broader public health context. According to the researchers, alcohol contributes to an estimated 140,000 deaths each year in the United States and is linked to a range of harms, including brain, heart and liver disease. Any treatment that meaningfully reduces unhealthy drinking would draw attention from addiction specialists, regulators and healthcare systems.

At the same time, the authors stressed that the survey does not show that GLP-1 medications directly caused people to drink less. The study did not test the drugs in a controlled clinical setting, and it did not screen respondents for alcohol use disorder. Because the data were based on people's own recollections, the research also could not determine precisely how much their alcohol consumption changed. The authors said larger clinical trials will be needed to establish whether the medications could help reduce unhealthy alcohol use or eventually play a role in treating alcohol use disorder.

Those limits are important because enthusiasm around GLP-1 drugs has moved quickly in recent years, often ahead of strong evidence for effects beyond weight loss and diabetes care. The survey points to a possible association, but it does not prove that the medications can be used as an effective treatment for problematic drinking. It also leaves open basic questions, including how durable any reduction might be and whether the effect varies by dose, length of treatment or patient history.

Even so, the study suggests that the issue is not widely known among the public. Only 9.7% of survey respondents said they had heard that GLP-1 medications might reduce the urge to drink alcohol. That gap in awareness could narrow if more studies produce similar results or if physicians begin discussing alcohol-related effects more often with

patients who are prescribed the drugs.

The findings could also matter beyond medicine. If future research confirms that GLP-1 drugs reduce alcohol consumption in a meaningful way, wider use of the medications could eventually affect demand for beer, wine, spirits and other alcoholic beverages, especially among consumers already trying to cut back. For now, the evidence is too preliminary to draw business conclusions, but the study adds a new factor for beverage companies and public health officials to watch.

Lori Uscher-Pines, the study’s lead author and a distinguished senior research scientist in Brown’s Department of Health Services, Policy and Practice, said the potential of GLP-1 drugs in this area warrants more study. She said that if future research leads to Food and Drug Administration approval for treating alcohol use disorder, the medications could significantly change addiction treatment. Until then, the study offers an early signal from patients themselves that the drugs may be linked to lower alcohol use, while leaving the main scientific questions unresolved.