

Study Shows Semaglutide Holds Promise in Reducing Alcohol Cravings

Key Takeaways

- Semaglutide shows promise in reducing alcohol cravings and consumption in individuals with AUD, potentially offering a more effective treatment option.
- The phase 2 trial demonstrated semaglutide's superior efficacy in reducing heavy drinking days compared to existing medications.
- AUD is linked to increased cancer risk, highlighting the importance of effective management and treatment options.
- Larger and longer studies are needed to fully understand semaglutide's safety and efficacy in treating AUD.

Treatment with semaglutide yielded superior effects on drinking outcomes compared with existing therapies to reduce alcohol cravings.

Emerging research suggests that semaglutide (Ozempic; Eli Lilly) may help individuals with alcohol use disorder (AUD) reduce their alcohol intake, according to data from the first phase 2 randomized, placebo-controlled clinical trial (NCT05520775). The findings represent a significant milestone in addressing AUD and offering potentially more effective methods of managing the condition, which claims the lives of 178,000 individuals in the United States every year.^{1,2}

AUD is a medical condition characterized by the inability to control or stop the consumption of alcohol. Alcohol consumption, even in small amounts, is toxic and can have serious health implications. Effectively managing and treating patients with AUD is crucial for preventing not only liver damage or other common adverse health events associated with excessive alcohol use, but also cancer. In January 2025, the United States Surgeon General Vivek Murthy, MD, issued an advisory calling attention to the established link between alcohol and risk of 7 types of cancer including breast, colorectal, esophagus, liver, oral, pharynx, and larynx cancers.³

Treatment of AUD is difficult, and lasting changes in the brain caused by alcohol misuse make patients vulnerable to relapse. Additionally, many of these agents and treatment approaches are not widely used. Semaglutides and glucagon-like peptide-1 receptor (GLP-1) agonists have taken the medical and scientific communities by storm due to their substantial success in managing diabetes and treating obesity. Emerging research suggests the potential use of these agents for treating AUD, offering patients a potentially more effective and accessible option.⁴

Research into the use of semaglutide for treatment of AUD came about due to numerous observations from patients and health care providers, indicating a sudden loss of alcohol cravings when treated with semaglutide. The research published in JAMA Psychiatry adds on to mounting evidence of the benefits of these agents for AUD and justify the need for larger studies.^{2,5}

In the study, researchers aimed to identify the effects of once-weekly subcutaneous semaglutide on alcohol consumption and craving in adults with AUD. The trial involved 48 non-treatment-seeking participants with AUD who received 9 weeks of outpatient treatment (34 [71%] female; mean [SD] age, 39.9 [10.6] years). They were randomized to receive either semaglutide (0.25 mg/week for 4 weeks, 0.5 mg per week for 4 weeks, and 1.0 mg for 1 week) or placebo at weekly clinic visits. The primary end point measured was laboratory alcohol self-administration, which was measured at pretreatment and posttreatment (0.5 mg per week). The researchers also assessed secondary end points and exploratory outcomes including prospective changes in alcohol consumption and craving.⁵

Treatment with semaglutide reduced weekly alcohol cravings, reduced average drinks on drinking days, and led to greater reductions in heavy drinking days, according to the study authors. Notably, the outcomes associated with use of semaglutide were greater than what is seen with existing medications. In the final month of treatment, patients in the semaglutide group significantly reduced their number of heavy drinking days compared with the placebo group. Additionally, about 40% of patients receiving semaglutide reported no heavy drinking days. In the placebo group, it was only 20%.^{2,5}

“These data suggest the potential of semaglutide and similar drugs to fill an unmet need for the treatment of [AUD],” Klara Klein, senior author, University of North Carolina School of Medicine, said in a press release. “Larger and longer studies in broader populations are needed to fully understand the safety and efficacy in people with [AUD], but these initial findings are promising.”²

REFERENCES

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