



Adding Weekly GLP-1 to Cognitive Behavioral Therapy Further Reduces Heavy Drinking

Clinical trial suggests semaglutide may help patients with alcohol use disorder and obesity.

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A team of National Institutes of Health (NIH) scientists and international colleagues have reported the first evidence from a randomized controlled clinical trial indicating that a GLP-1 receptor agonist can reduce the days in which patients with obesity and alcohol use disorder engage in [heavy drinking](#).

Led by researchers at Copenhagen University Hospital, the new study adds to a growing body of evidence suggesting that GLP-1s could be useful in treating alcohol use disorder. [The study was published in [The Lancet](#) on May 2, 2026.]

“Very few medications are currently approved for alcohol use disorder, and these are vastly underutilized. A new option that is more accessible and more effective could be a gamechanger for closing the treatment gap,” said Director of NIH’s National Institute on Alcohol Abuse and Alcoholism (NIAAA) George Koob, PhD, a study co-author.

Research has increasingly suggested that GLP-1s approved for weight loss may benefit those with substance use disorders. While one [recent clinical trial](#) found that a GLP-1 had no effect on the heavy drinking of study participants as a whole group, a subset who had obesity responded strongly.

The authors of the new study specifically enrolled 108 treatment-seeking patients with alcohol use disorder and comorbid obesity. In addition to standard cognitive behavioral therapy, participants received either a placebo or a dose of semaglutide [Ozempic or Wegovy] on a weekly basis for 26 weeks. Throughout the trial, the researchers collected self-reported drinking data as well as measurements of several quantitative biomarkers.

They found that participants receiving semaglutide experienced a 41.1% reduction in heavy drinking days, a 13.7% greater reduction than that of the placebo group. Measurements of blood-alcohol biomarkers supported the self-reported-data-based findings. As expected, the researchers saw that decreases in body weight, blood pressure, and other clinical measures were more

pronounced in the GLP-1 group. The authors took note of some adverse effects, including gastrointestinal symptoms, though they were transient and mild.

The researchers also found that semaglutide could potentially lead to positive outcomes more often than other medications for alcohol use disorder, as its number needed to treat (NNT) — a metric of clinical efficacy — in this study was 4.3, while the NNT of approved medications is [7 or higher](#).

“We’re beginning to see some of that potential for GLP-1s to treat drug addiction turn into reality. Questions remain but this is nonetheless very encouraging,” said Director of NIH’s National Institute on Drug Abuse (NIDA) and study co-author Nora Volkow, MD.

Next, the authors would like to examine the effects of GLP-1s over a longer duration and in a larger population to confirm their findings here.

The scientific team was led by first author Mette Kruse Klausen, M.D., and corresponding author Anders Fink-Jensen, DMSc, at Copenhagen University Hospital.

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