

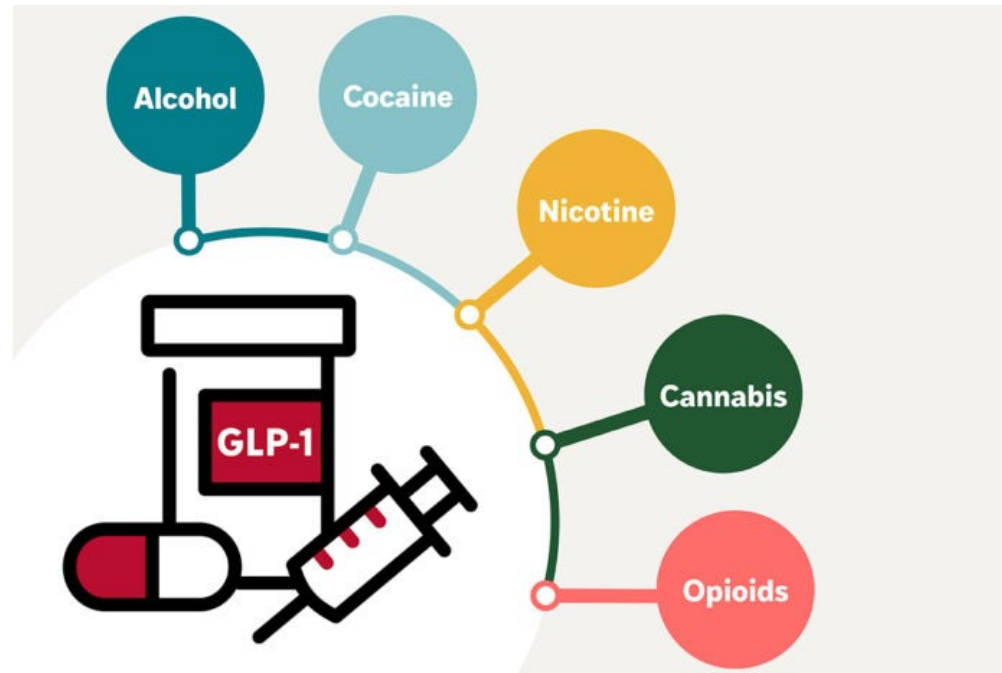
# Rewiring Reward: GLP-1 Receptor Agonists in Substance Use Disorders

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# Disclaimer



Annie Saefong has no relevant financial relationship(s) with ineligible companies to disclose.



The views expressed in this presentation are those of the presenters and do not represent the United States Government or the United States Department of Veterans Affairs.

# Learning Objectives



1

Explain the mechanism of action (MOA) of glucagon-like peptide-1 receptor agonists (GLP-1RAs) in substance use disorders (SUDs).

2

Recognize the potential for GLP-1RAs in SUDs by evaluating current evidence.

# Background



46.3 million people age 12 or older in the U.S. had a SUD (2021)

## Impact

- Morbidity: 110,000 deaths from drug overdoses (2022)
- Healthcare costs: \$120 billion annually
- Health Outcomes: Increased risk for developing chronic illnesses
- Social: Increased rates of unemployment and increased community crime rates

## Check-in Question:

Which of these medications are **not** FDA-approved in SUDs?

A. Naltrexone

B. Varenicline

C. Methadone

D. Semaglutide



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# FDA-Approved Treatment Options

## Alcohol Use Disorder

- Naltrexone
- Acamprosate
- Disulfiram

## Nicotine Use Disorder/Smoking Cessation

- Nicotine replacement
- Varenicline
- Bupropion SR

## Opioid Use Disorder

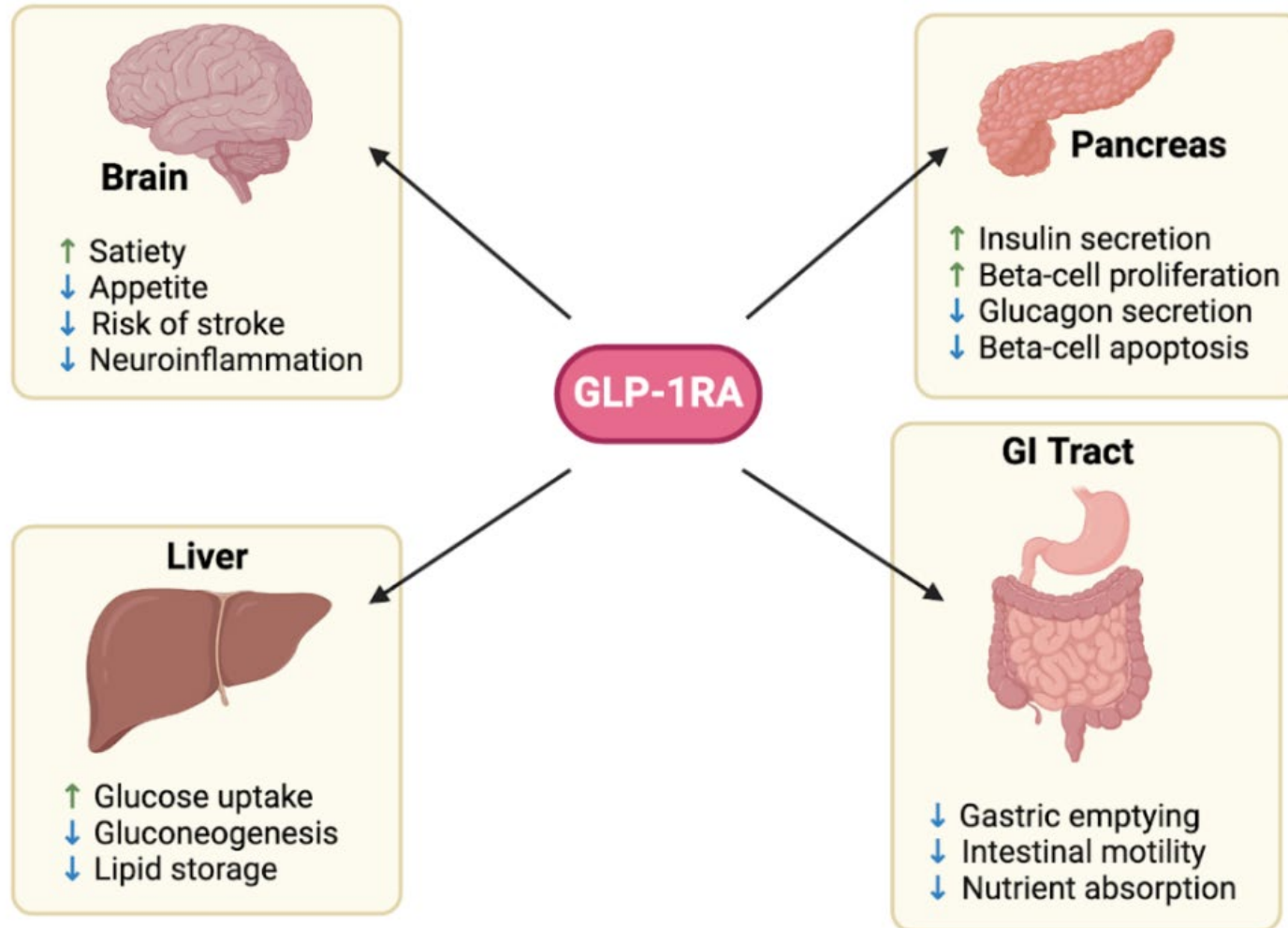
- Buprenorphine
- Methadone

## Stimulant Use Disorder

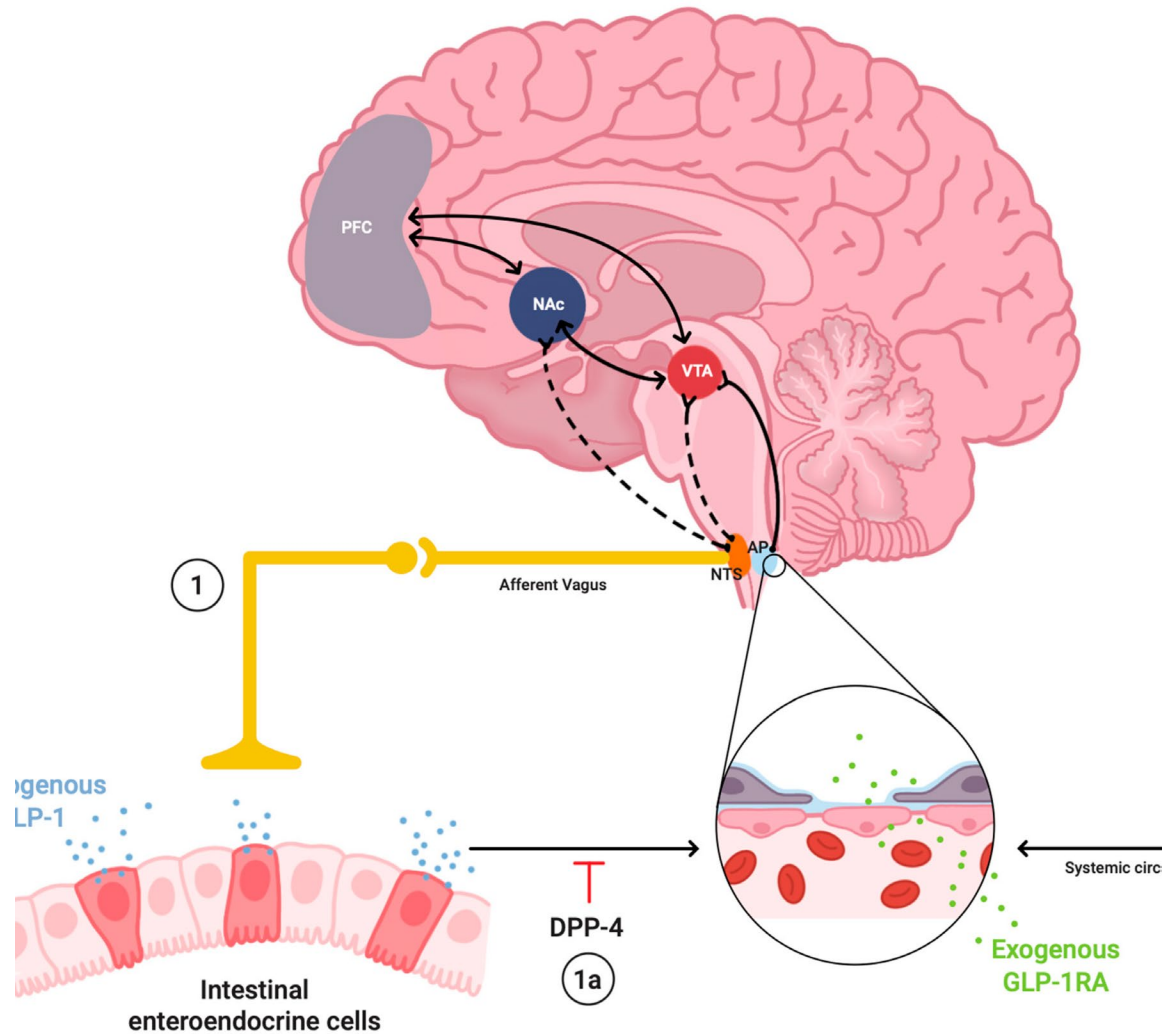
- No FDA-approved medications



## GLP-1RA Mechanisms of Action



# GLP-1RAs MOA in SUDs



## The reward pathway

- Stimuli → Dopamine (DA) → Mesolimbic Reward Pathway → Pleasure and motivation → Reinforcement → Habit formation
- Mesolimbic reward pathway
  - Ventral Tegmental Area (VTA)
  - Nucleus accumbens (NAc)
  - Prefrontal cortex (PFC)
  - Nucleus tractus solitarius (NTS)

**GLP-1RAs modulate dopamine reward-related pathway to reduce cravings and substance-seeking behaviors**

## Check-in Question:

How can GLP-1 RAs help in SUDs?

A. Modulate norepinephrine pathways to increase appetite

B. Inhibit dopamine release to increase cravings and substance-seeking behaviors

C. Modulate dopamine reward-related pathways to reduce cravings and substance-seeking behaviors

D. Stimulate insulin secretion in the pancreas



## Check-in Question:

How can GLP-1 RAs help in SUDs?

A. Modulate norepinephrine pathways to increase appetite

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**C. Modulate dopamine reward-related pathways to reduce cravings and substance-seeking behaviors**

D. Stimulate insulin secretion in the pancreas

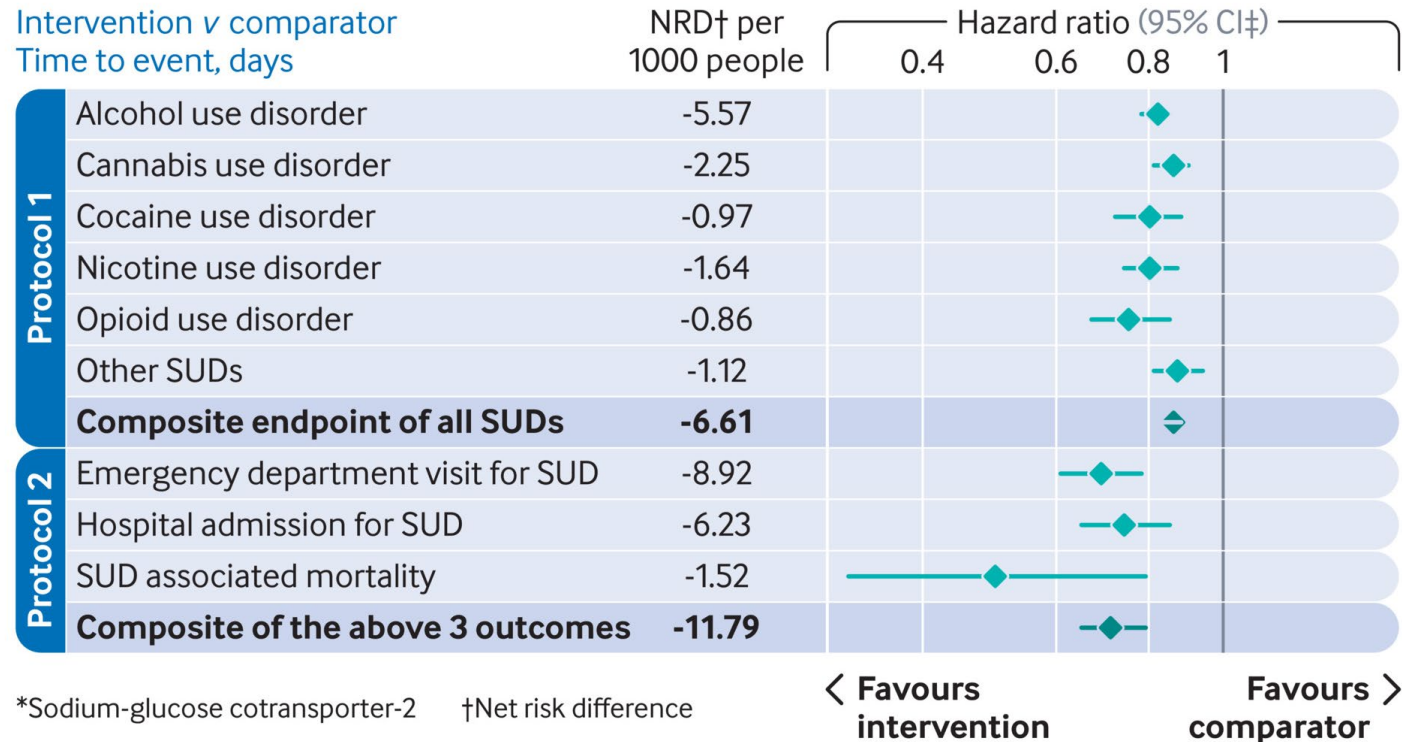


# CLINICAL STUDIES



|                   |   |
|-------------------|---|
| <b>Title</b>      | <b>GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS AND RISK OF SUBSTANCE USE DISORDERS AMONG US VETERANS WITH TYPE 2 DIABETES: COHORT STUDY</b>   |
| <b>Objective</b>  | <p>To investigate whether initiation of GLP-1RAs is associated with both reduced risks of incident alcohol, cannabis, cocaine, nicotine, opioid, and other SUDs in people with no history of SUDs (protocol 1) and with reduced risk of SUD related adverse clinical outcomes among people with a pre-existing SUD (protocol 2)</p>   |
| <b>Background</b> | <p>Total: 606,434 US Veterans with type 2 diabetes, followed for 3 years<br/>Cohort study at VA Saint Louis Health Care System</p>  |
| <b>Methods</b>    | <p>Protocol 1: GLP-1 RA (n=124,001) or SGLT-2i (n=400,816)</p> <ul style="list-style-type: none"> <li>• 7 trials of separate SUDs</li> </ul> <p>Protocol 2: GLP-1 RA (n=16,768) and SGLT-2i (n=64,849)</p> <ul style="list-style-type: none"> <li>• 1 trial of pre-existing SUD and adverse SUD related clinical events</li> <li>• Medications: <ul style="list-style-type: none"> <li>• GLP-1RA: albiglutide, dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide, and tirzepatide</li> <li>• SGLT-2i: bexagliflozin, canagliflozin, dapagliflozin, ertugliflozin, sotagliflozin</li> </ul> </li> </ul> |

# Results



# Ongoing Clinical Trials



| Trial Name  | Objectives/Goals  | Recruitment Status      | Study Completion | Identifier  |
|---|---|-------------------------|------------------|-------------|
| <a href="#"><u>Cessation or Reduction of Alcohol Consumption in Veterans: A Randomized, Double-Blind, Placebo-Controlled Phase 3 Trial to Evaluate the Efficacy and Safety of a GLP-1 Receptor Agonist Semaglutide in U.S. Veterans With Alcohol Use Disorder (CRAVE)</u></a> | Semaglutide and mod-severe AUD in Veterans over 28 weeks              | Not Yet Recruiting      | 05-26-2029       | NCT07218354 |
| <a href="#"><u>GLP-1R Agonist Treatment for Opioid Use Disorder</u></a>   | Semaglutide and opioid use disorder for 12 weeks                      | Recruiting              | 11-2026          | NCT06548490 |
| <a href="#"><u>Effect of Glucagon-like Peptide-1 (GLP-1) Receptor Agonist Stimulation on Smoking Consumption in Type 2 Diabetes Patients</u></a>  | GLP-1RA and nicotine use in patients with T2DM                        | Enrolling by invitation | 07-01-2026       | NCT06924697 |
| <a href="#"><u>Semaglutide Therapy for Alcohol Reduction (STAR)</u></a>   | Semaglutide safety and may reduce alcohol drinking in people with AUD | Recruiting              | 12-31-2030       | NCT06015893 |
| <a href="#"><u>GLP-1 Receptor Agonists to Decrease Ethanol and CVD Risk in HIV (GL1DER HIV RCT)</u></a>   | Semaglutide with alcohol and tobacco reduction                        | Not Yet Recruiting      | 07-31-2030       | NCT07221214 |

## Check-in Question (True or False):

Alcohol use disorder has the largest amount of published clinical evidence supporting the use of GLP-1RAs.



A. True

B. False

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**A. True**

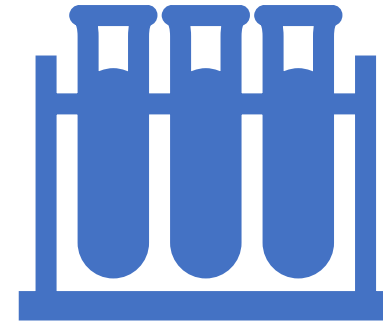
**B. False**

# Key takeaways

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1. GLP-1RAs act in metabolic and brain reward circuits to reduce intake in SUDs.



2. Current evidence highlights the potential of GLP-1RAs in treatment of SUDs, however, data is limited and further studies are needed.

Thank you!



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