

The Guardian view on weight-loss jabs and addiction: there is too much moralising about these remarkable medicines

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In the years since so-called weight-loss jabs entered widespread use, there have been reports that these drugs may not just reduce food cravings, but in fact cravings and desires full-stop. Earlier this month, a study using large-scale data from US veterans undergoing diabetes treatment suggested that those on the jabs were less likely to develop addictions to a wide range of drugs. Patients already using substances appeared about half as likely to suffer overdose or drug-related death if they were taking the jab as well.

This is an exciting avenue for future research. These medicines work partly on satiation and reward centres in the brain. It is likely that problematic food and drug cravings share a similar biological basis, and next-generation medicines may be more powerful or more targeted to one or the other. But, in the meantime, we should expect that existing weight-loss drugs will end up recommended (or prescribed off-label) for addiction treatment. This should make us rethink our approach to these remarkable medicines.

To put it bluntly, drug addiction is seen as an illness in a way that obesity – despite some progress – is not. Ever since GLP-1 agonist drugs emerged, many have argued that using them for weight loss is a sort of cop-out – an answer to a problem that should be addressed through willpower and strength of character. This ranges from articles claiming that “weight loss isn’t supposed to be easy”, to countries such as Germany covering the drugs to treat diabetes but not obesity in general, with a government spokesperson saying that weight loss is “a matter of individual responsibility and personal lifestyle”.

There are certainly downsides to GLP-1 agonists. They are expensive and have unpleasant side-effects, and additional rare but serious complications may still emerge – a recent study suggested they carry an increased risk of vision loss. The chief medical officer for England, Prof Chris Whitty, recently argued against prescriptions being viewed as an alternative to the policies promoting healthier food that he believes are urgently needed. He is right. Being truly healthy takes more than just a jab.

But it is important to be pragmatic, and to recognise that people have already made their choice: one in eight Americans, and about one in 20 people in the UK, have taken a GLP-1 drug. They shouldn’t be prescribed to lose a few pounds for a holiday, but it’s difficult to imagine another drug treating a serious health condition – as obesity is – facing such stigma.

This is where the overlap with addiction treatment is instructive. When methadone and suboxone were introduced, there was considerable resistance to their use based on the belief that abstinence was the only way to beat opioid addiction. Few people think that now. Once we became less moralistic about addiction, we could be pragmatic about treatment. If GLP-1 drugs also work on addiction, it should make us reflect on why there is such an aversion to their use on an illness with similarly dire health effects.

After all, as the former head of the US Food and Drug Administration, David A Kessler, writes in his recent book *Diet, Drugs and Dopamine*, “the fact that the new anti-obesity drugs are highly effective underscores the fact that being overweight or obese is not a product of lack of discipline or willpower”. If a drug can target it, “it is instead a matter of biology”. This is a lesson we learned about addiction. It is time to extend that knowledge.