



Compassion Behavioral Health Publishes New Resource Examining Emerging GLP-1 Research and Alcohol Cravings

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Compassion Behavioral Health has published a new educational resource examining emerging research into glucagon-like peptide-1 receptor agonists, commonly known as GLP-1 medications, and their potential relationship to alcohol cravings and alcohol consumption. The article, "Do GLP-1 Drugs Reduce Alcohol Cravings? What the Latest Research Shows," reviews recent findings involving medications such as semaglutide while placing those findings within the broader clinical context of alcohol use disorder treatment. The resource emphasizes that research remains developing and that GLP-1 medications are not currently approved by the U.S. Food and Drug Administration specifically for alcohol use disorder.

The subject has gained attention following the publication of a randomized clinical trial in JAMA Psychiatry in February 2025. Researchers studied 48 adults with alcohol use disorder who were randomly assigned to receive low-dose semaglutide or placebo during a nine-week outpatient trial. Compared with placebo, semaglutide reduced alcohol consumed during a laboratory self-administration procedure and significantly reduced weekly alcohol craving. Researchers also reported reductions in drinks per drinking day and heavy drinking over time, although the medication did not improve every measure of alcohol consumption evaluated

in the study. The authors concluded that the results support larger clinical trials rather than establishing semaglutide as a standard treatment for alcohol use disorder.

That distinction is central to the newly published Compassion Behavioral Health resource. GLP-1 medications were developed for metabolic conditions such as type 2 diabetes and obesity, and their possible effects on alcohol-related behavior remain an active area of investigation. The article explains that researchers are studying whether GLP-1 activity within reward-related brain pathways may influence motivation and craving. It also cautions against interpreting early findings as evidence that GLP-1 medications can replace established addiction treatment or medical supervision.

Current guidance from the National Institute on Alcohol Abuse and Alcoholism provides an important clinical reference point. NIAAA identifies three medications approved by the FDA for the treatment of alcohol use disorder: naltrexone, acamprosate, and disulfiram. These medications can be incorporated into treatment plans alongside behavioral therapy and other recovery supports when medically appropriate. GLP-1 medications are not currently included among FDA-approved medications for alcohol use disorder.

The new article also addresses the difference between reducing cravings and treating the broader clinical factors associated with alcohol use disorder. Patients seeking treatment may present with psychiatric symptoms, physical dependence, withdrawal risks, trauma histories, family concerns, or co-occurring mental health conditions. A medication that affects craving would therefore represent only one possible component of care rather than a complete treatment pathway.

Compassion Behavioral Health's Fort Lauderdale facility page identifies partial hospitalization programming and intensive outpatient programming as core levels of care at the location. The provider also describes treatment services, including cognitive behavioral therapy, dialectical behavior therapy, eye movement desensitization and reprocessing, motivational interviewing, neurofeedback, solution-focused brief therapy, relapse prevention, individual therapy, and group therapy. Specialty services listed on the provider's website include dual-diagnosis treatment, family programming, medication-assisted treatment, and programming for veterans.

Mental health treatment described by the organization includes care for anxiety disorders, depression, bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, schizophrenia, and schizoaffective disorder. Addiction services described across its treatment information include care associated with alcohol, opioids, heroin, cocaine, benzodiazepines, amphetamines, and sedatives. The range of services reflects the clinical reality that substance use and psychiatric symptoms can overlap and may require coordinated assessment.

Independent information provides additional context regarding the organization's professional credentials. Psychology Today currently identifies Compassion Behavioral Health as a verified treatment center, reports that it has been in business for 11 years, and lists credentials from The Joint Commission, the Florida Department of Children and Families, and the Florida Agency for Health Care Administration. The independent directory also identifies addiction, dual diagnosis, trauma, and PTSD among the center's primary specialties and lists detox, residential, PHP, and IOP within its broader continuum of care.

These external credentials can provide useful reference points for patients and families evaluating behavioral health providers. Accreditation, licensing, and independent verification do not guarantee a particular treatment outcome, but they allow people to assess whether a provider operates within recognized regulatory and professional frameworks rather than relying solely on promotional descriptions.

The publication is also timely for patients comparing different types of addiction services in Broward County. People searching for Fort Lauderdale drug detox may encounter treatment centers offering different levels of care, and the terminology can sometimes obscure meaningful clinical differences. Detoxification generally focuses on withdrawal management and medical stabilization, while PHP and IOP provide structured behavioral health treatment without the same level of round-the-clock medical supervision. The specific Fort Lauderdale facility resource supplied by Compassion Behavioral Health indicates that the location primarily offers PHP and IOP services, making level-of-care verification an important part of treatment selection.

The same distinction is relevant to people researching luxury detox centers Fort Lauderdale. Amenities and the environment may influence patient preferences, but clinical factors such as withdrawal risk, medical oversight, psychiatric assessment, licensing, treatment intensity, and continuity of care after stabilization provide a more meaningful basis for evaluating whether a program is appropriate. Patients with significant alcohol or drug dependence should receive an assessment capable of determining whether medically supervised withdrawal is necessary before they enter a less intensive level of care.

For people comparing drug rehab Fort Lauderdale services, Compassion Behavioral Health's published information describes treatment that can address substance use alongside mental health concerns. Its Fort Lauderdale programming includes PHP and IOP care, supported by behavioral therapies and specialty services, such as dual-diagnosis treatment. Those levels may be appropriate for patients who no longer require continuous inpatient supervision but still need a structured treatment schedule and ongoing clinical support.

People researching alcohol rehab Fort Lauderdale may also benefit from distinguishing experimental medication research from treatments that are already supported by established clinical guidance. The GLP-1 article makes that distinction explicit by presenting research on semaglutide as promising but preliminary.

The 2025 JAMA Psychiatry trial involved only 48 participants and lasted nine weeks, and its authors specifically called for larger trials to determine the clinical significance of GLP-1 medications for alcohol use disorder.

The resource may be particularly useful for patients and families traveling from nearby communities, including Coral Ridge, Coral Ridge Country Club Estates, Bay Colony, Sea Ranch Lakes, and Lauderdale-by-the-Sea. Rather than treating geographic proximity as the primary measure of suitability, the article and facility information provide context for comparing levels of care, behavioral health services, psychiatric needs, and the role of medication within an overall treatment plan.

The growing scientific interest in GLP-1 medications illustrates how addiction medicine continues to evolve. Early research may eventually broaden the medication options available to patients with alcohol use disorder, but current evidence does not support replacing established treatment approaches with GLP-1 therapy. NIAAA continues to identify naltrexone, acamprosate, and disulfiram as the FDA-approved medication options for alcohol use disorder, while the semaglutide research published in JAMA Psychiatry supports continued investigation through larger controlled trials.

By publishing the new resource, Compassion Behavioral Health is providing patients, families, healthcare professionals, and referral partners with a current overview of an emerging area of addiction research. The article separates preliminary findings from established treatment standards and places GLP-1 research within the larger context of alcohol use disorder care, mental health treatment, behavioral therapy, medication management, and appropriate clinical placement. For people evaluating treatment options, that distinction can support more informed discussions with qualified medical and behavioral health professionals about the level and type of care that best matches a patient's clinical needs.

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Compassion Behavioral Health -Mental Health Treatment Hollywood, FL

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