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FIGHTING CRIME

Could GLP-1s Cure Addiction - and Crime?

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Transcript

[00:00:00] Cristina Quinn: How many glazed donuts do you think you can eat in eight minutes? Well, the world record is 70. Seven zero. That's nearly nine donuts a minute. Extraordinary. And while that is both inspiring and a testament to the human body's capabilities, I can safely say I would get nowhere near that. But that's not to say I don't crave donuts.

One, two, or maybe even occasionally three in one sitting. Don't judge. But those cravings could be a thing of the past. You've probably heard by now about a drug designed to curb the appetite and cravings, and possibly hinder the fine art of competitive eating. The names Ozempic and Wegovy have become synonymous with weight loss.

They are the brand names of drugs also known as GLP-1s. But this is not a fitness or a weight loss podcast, so why am I [00:01:00] talking about weight loss drugs? It turns out food might not be the only craving that GLP-1s can suppress. Studies on its impact on alcohol and drug addiction are already underway. With so much crime associated with addiction, could GLP-1s fight both?

[00:01:16] Nicholas Reville: If we can show in our Pittsburgh trial that this actually reduces crime and recidivism, this becomes immediately one of the most scalable and replicable anti-crime interventions ever developed.

[00:01:31] Cristina Quinn: This is Fighting Crime, the show that asks big questions about crime and how to stop it. I'm Cristina Quinn, a journalist, and I've spent my career digging into stories to discover the truth.

I'm going across the country, from prisons to universities, police chiefs to inmates, to look at the evidence and question everything we think we know about how to make America safer. I want to know what actually works and meet the people who are making it happen. So join us as we figure out new ways to fight [00:02:00] crime and make society safer, and be prepared to think differently.

Given this episode covers addiction, a word of warning before we begin. You'll hear some discussion about taking drugs, overdosing, sex work, and some strong language.

[00:02:21] Christina Staradumsky: I used heroin for about a year. Because the addiction is so bad, we lost everything. Like, we sold our car, our apartment. We were homeless. My addiction spiral spiraled.

I was telling myself to get crack and everything. I was doing a lot of schemes, a lot of stealing.

[00:02:38] Cristina Quinn: Christina Starodumsky is one of the many people who have battled addiction in America. Throughout her recovery, government efforts to fight alcohol and drug abuse have always fallen short.

Let's hop onto the old timey machine back 100 years or so. The US government banned the sale and [00:03:00] consumption of alcohol under prohibition in 1920, but drinkers found a way. They smuggled alcohol into the country. Secret speakeasy bars opened up, and people brewed their own moonshine and bathtub gin.

Organized crime thrived, and the ban didn't work out. Lawmakers ultimately repealed it, and alcohol became legal again in 1933.

Now let's jump ahead to the war on drugs, started by Richard Nixon in 1971 it was supposed to be a crackdown on drug taking and drug trafficking with lengthy sentences for both users and dealers it went on for decades and put hundreds of thousands of people behind bars but it didn't reduce the number of drugs entering the country or the number of people taking them. In the last 25 years, a devastating opioid crisis has claimed the lives of [00:04:00] over 600,000 Americans.

It started in the '90s with a surge in the use of prescription painkillers like OxyContin and Vicodin, with doctors assuring patients they would not get addicted. Once those prescriptions became harder to get, addicts were pushed to heroin, and in the last decade or so, there's been an explosion of synthetic opioids, chief among them fentanyl, which can be up to 100 times stronger than heroin and is responsible for the vast majority of America's drug overdoses.

There has been some success with the development of drug treatments for opioid addiction. Methadone is the most well-known. But some of these just keep people dependent on another substance or have debilitating side effects. So perhaps it's not surprising that only 3% of people with substance abuse disorder take medication for it, not helped by the fact that there has never been an FDA-approved drug treatment for cocaine or [00:05:00] amphetamines or any other stimulants.

[00:05:02] Nicholas Reville: There's only so much that is possible with the existing tools that we have in terms of policy interventions, medical interventions, treatment interventions.

[00:05:11] Cristina Quinn: Nicholas Reville is executive director and founder of CASPR, the Center for Addiction Science, Policy, and Research. He says the tools we have now are too limited when it comes to permanently reducing addiction at a population scale.

[00:05:26] Nicholas Reville: We've been hitting a wall as a society in our ability to address this problem because we don't have what we need. And so we believe that novel therapeutics, which is primarily new medicines, are the way that we can finally, you know, after hundreds, thousands of years, solve addiction at the level of society.

[00:05:53] Cristina Quinn: And that could have a huge impact on crime. About 65% of people in prison [00:06:00] have a substance abuse disorder, and around 70% of arrests are drug or alcohol-related, whether that's because the alleged perpetrator is dealing or buying drugs or under the influence.

[00:06:11] Nicholas Reville: If you're able to reduce somebody's excess use of substances, particularly I would say alcohol, then you will reduce the likelihood of them committing crime.

[00:06:26] Cristina Quinn: So can GLP-1s play a role in making that happen? Before we get to answering that question, let's do a quick primer on GLP-1s and how they work. Dr. Sarah Kawasaki is assistant professor of psychiatry and director of addiction services at Pennsylvania Psychiatric Institute, and she's here to lay down some GLP-1 facts for us.

[00:06:50] Sarah Kawasaki: So GLP-1s stand for Glucagon-like peptides. It is a hormone that the body makes to help insulin be more [00:07:00] effective at utilizing the calories that we take in when we eat to nourish the body. Since it impacts insulin specifically scientists recreated that molecule as a medication, like semaglutide, among others, to treat diabetes.

What that did was that made the insulin more effective at helping clear the sugar from our bodies. It's an also a natural hormone that increases satiety. So in other words, we feel full faster after a meal. And so when this was made into a medication for diabetes, people noticed that they were losing weight as well.

So it started to be used in these huge trials that were going on to examine the effectiveness of weight loss.

[00:07:53] Cristina Quinn: As we know by the increasingly widespread use of GLP-1s for weight loss, those trials went [00:08:00] very well. But the scientists conducting them discovered something else.

[00:08:03] Sarah Kawasaki: They found that those folks also lost their taste for alcohol, and they were drinking less.

This was very exciting to alcohol researchers, and so alcohol researchers ran their own separate study to see if GLP-1s could be used for the exclusive purpose of cutting back on how much alcohol somebody was drinking. It was a small trial, maybe about 300 people, and the results were very interesting.

Their results showed that in people who were overweight, they did lose their desire to drink alcohol. For those folks who were thinner, there was no change in their desire. Once a medication is found to be effective for alcohol use disorder, all the addiction researchers get excited 'cause maybe it can be helpful [00:09:00] for other substances of abuse too.

So at the same time, the preclinical researchers who were working on rats looked at rats with cocaine use and heroin use and tested GLP-1 efficacy in those rats. And whether it was alcohol, cocaine, methamphetamines, opioids, not only did they show that they did not, want the drug, but they also showed that they didn't have any signs of withdrawal.

So now we're on the timeline where we have GLP-1s in the market for weight loss. We're discovering that it may be effective for alcohol use disorder, particularly among people who are overweight. And all these rat studies have been done which show that GLP-1s might be also useful in helping with substances of abuse, desire, and withdrawal and craving.

[00:09:59] Cristina Quinn: It's [00:10:00] incredible to find out the potential impact GLP-1s could have, but do we know why a drug that can make you feel full might also be able to combat alcohol or substance abuse?

[00:10:11] Sarah Kawasaki: There's a lot of theories about how the medication works, and it's a lot... the story has not been written yet exactly on how it's working. There's a lot of armchair neuroscientists out there sort of waving their hands and making different suggestions. But I think the bigger picture is, when you zoom out, is that the notion of satiety can mean many different things.

The satisfaction with something, the idea that you've consumed enough of something and you don't need any more, that your brain can stop the seeking or craving for that certain thing and it can focus suddenly on something [00:11:00] else. And so that's a really complex and mysterious thing in the brain that we haven't quite completely teased out.

And so these medications are a mystery at this point, but they are working as a... They're working on very complex, deep structures of the brain that modulate dopamine release.

[00:11:27] Cristina Quinn: Now, studies on GLP-1s as a treatment for people with alcohol and substance abuse disorder have moved beyond rats.

Hi. I'm Cristina. Hello.

Open Doors is a halfway house organization in Providence, Rhode Island for people coming out of prison or rehab. They're conducting a pilot GLP-1 program in one of their women's recovery houses called Foundations. I took a trip there with one of my producers, Amory, and photographer Reba, to see how their GLP-1 treatment is going.

[00:11:59] Nick Horton: [00:12:00] So this is the first women's recovery house that we opened. We opened it in 2021. We purchased the building and did some renovations.

[00:12:09] Cristina Quinn: Nick Horton, a co-executive director of Open Doors, met us there. He's been with the organization since 2004.

[00:12:16] Nick Horton: And so this was sort of the launch of our She Thrives initiative, the goal being to really start focusing on women, which is not something that the agency had previously done.

[00:12:29] Cristina Quinn: Foundations is one of Open Doors' four recovery houses in Providence, and one of two just for women who come and live in a structured environment. There's a curfew, and everyone is expected to secure a job as part of their reintegration back into society. The foundation's house sits right on the edge of the sidewalk in a residential neighborhood.

It has three floors and a finished basement. Nick gave me a quick tour of the place.

[00:12:54] Nick Horton: So there's a nice yard where people can sort of hang out during the day, and they have a garden back [00:13:00] there. This is the sort of common hangout room. Sort of the living room of the whole building.

[00:13:06] Cristina Quinn: You have, like, a red sofa, love seat, a comfy armchair here, nice artwork on the wall.

[00:13:12] Nick Horton: Yeah, I will say that the women's houses are much more attractive than the men's houses, and they... and the residents take much better care of them, which makes it easier.

[00:13:21] Cristina Quinn: No, I mean, that doesn't surprise me. Not to generalize. Sorry. Sorry, gentlemen, but yeah, it is. It's nice and cozy. There's, like, a poster board filled with columns of Post-It notes that have really nice affirmations written on them like,

"I believe that staying positive helps.

A meaningful life includes love.

People are most strong when they're confident.

I find purpose in helping others."

These are sort of all things we could... everyone can use, you know? And then I'm guessing, too, like, routine must be really important here.

[00:13:54] Nick Horton: Mm-hmm. Yeah. Structure is essential, and I think one of the things prioritized [00:14:00] is making sure that there's a safe space, and you can't really help the people in need if you haven't created a place that is gonna be supportive.

And sometimes that means making tough decisions 'cause sometimes that means you have to be strict, so that the, the people who are here who maybe aren't ready aren't creating obstacles for the people that are.

[00:14:20] Cristina Quinn: One of the biggest obstacles to successful re-entry into society is addiction. As we heard from Nicholas Reville, the majority of people, men and women, who go into prison have alcohol and/or substance use disorder.

While they may get clean through enforced abstinence while in prison or rehab, many start using again once they get out, and get caught in a cycle of recovery and relapse. At Open Doors, they aim to break that cycle, now with the help of GLP-1s. Since the spring of 2025, women in Open Doors recovery houses have volunteered to be part of a pilot [00:15:00] GLP-1 program for treatment of substance abuse and addiction, which is being funded by CASPR.

While I was at Foundations, I met a couple of women who enrolled in the pilot program when they lived there.

[00:15:12] Christina Staradumsky: My addiction started when I was 14, I started drinking. My whole life is addiction. When my son was four for the first time I tried heroin and I overdosed.

[00:15:23] Cristina Quinn: That's Christina, who we heard at the start of the show.

She's 38 years old and has lived in Rhode Island her whole life. Her red hair is pulled back into a ponytail in a sparkly headband. She has a nose ring, and her pink eyeshadow matches the pink on her black tank top. She was living in Foundations until August 2025. She now lives in another recovery house, but stopped by for our interview on her way to work.

[00:15:47] Christina Staradums: I had a lot of bad incidents, a lot of bad things I was doing. I started stealing, I started stealing from neighbors. I would go out and, you know, I had... there was [00:16:00] guys that I would get crack with, and I would have to do sexual things with them, and that was normal. I flipped my car before on 95.

It flipped three times and went into a glass building, and they don't know how I survived, but it was normal for me to get out, and the first thing I do is looking for my drugs, the pills that I just... you know. And my bone was sticking out, and I didn't feel it, didn't care about it. I was looking for all the meds I had just got because my car flipped.

Like, that was normal. That was just... it was just normal. Like, how crazy is that?

[00:16:32] Cristina Quinn: Right, your priorities were...

[00:16:34] Christina Staradumsky: drugs.

[00:16:35] Cristina Quinn: Yeah.

[00:16:36] Christina Staradumsky: It was, it was... I chose drugs over my son, I chose drugs over my family, and I can say that out loud because I need to know. You know?

[00:16:44] Cristina Quinn: After Christina's heroin overdose, her son was taken from her and placed into care.

She got him back three years later, but kept relapsing, spending much of her time in and out of psychiatric and substance abuse hospital and rehab centers [00:17:00] before landing at Open Doors.

[00:17:04] Jessica Massarone: I was 26 years old when I started using hard drugs.

[00:17:07] Cristina Quinn: Jessica Massarone, now 44, is another Foundations resident. Her curly blonde hair is slicked back into a high ponytail.

The word faith is tattooed across her left forearm. Like Christina, she left Foundations in the summer of 2025, a few months after starting the GLP-1 pilot program. She now lives in her own place.

[00:17:30] Jessica Massarone: I had periods of clean time where I could get clean for, like, six months, a year, right? Because I was really good at getting clean, but I couldn't stay clean.

They would take my kids from me, and then I would have to get clean because I needed to get my kids back. So I would get clean, get my kids back, relapse again. Kids get taken again. The last time my kids got taken from me, my kids were upstairs in my house, and I had some friends over, and I had had custody of my kids for about six months, and I relapsed.

And I had friends over, and [00:18:00] this girl gave me fentanyl, and it killed me, and I died in the bathroom, and I went to jail. They never took me to the hospital or anything. They just put me in jail.

[00:18:08] Cristina Quinn: And they resuscitated you, and then...

[00:18:10] Jessica Massarone: Yes, I was given Narcan and then I went to jail. I lost my kids at that point.

Basically, it was like, "I'm never getting my kids back. I might as well just fucking get high every day for the rest of my life, and this is gonna be my life," because I didn't know how to feel that pain.

[00:18:27] Cristina Quinn: The cycle continued until Jessica's arrest for theft and drug possession in 2023. She was given five years probation and a five-year suspended sentence, meaning if she got in any further trouble, she could potentially spend five years in prison.

Jessica had already missed a lot during her stints in prison, and she didn't wanna miss anything else.

[00:18:50] Jessica Massarone: I missed my son's voice change, right? So he went through puberty, and I missed that. I missed my daughter's 16th birthday. I missed my son's twin sister, her [00:19:00] first relationship, like real crush. And so thinking about all of these things that I'm missing and coming to the realization, like, I'm either gonna end up dead or in jail for the rest of my life.

That's the reality of where my addiction took me.

[00:19:15] Cristina Quinn: That gave Jessica the motivation to do drug court. That's a specialized program that diverts some substance abusing offenders into supervised rehab instead of incarceration. They receive treatment, are regularly drug tested, and strictly monitored, and that's how she ended up at Open Doors.

So you come to Open Doors. Does it feel different this time?

[00:19:37] Jessica Massarone: Not in the beginning. Like, it, yes, it felt different, but I still was like, I still had a reservation, I guess, where I'm gonna get high, just not today, but I'm still gonna get high.

[00:19:49] Cristina Quinn: While both Jessica and Christina were at Foundations, Open Doors started the GLP-1 pilot program.

Christina was open to the idea of GLP-1 helping her addiction. [00:20:00] Jessica was also interested, but she didn't think it would impact her addiction. She was still thinking she'd be getting high sooner or later. She was into the idea for another reason.

[00:20:10] Jessica Massarone: I was like, "Ooh, GLP-1," and I had gained a lot of weight getting clean, right? Like, I put on, like, 60 pounds.

[00:20:16] Cristina Quinn: Wow.

[00:20:16] Jessica Massarone: So I... as soon as I heard the GLP-1, I was like, "I can lose some weight on this. Like, absolutely. Count me in." I wasn't in it for the addiction part because I'm like, "Not this addict."

[00:20:26] Cristina Quinn: You didn't think it would work?

[00:20:27] Jessica Massarone: There's no way. Yes. I was like, "There's no way that's gonna... like, there's no way."

[00:20:31] Cristina Quinn: So would Jessica eat her words? We'll find out how she and Christina are responding to the treatment after a short break. Before we return, I'm gonna ask you to think of three people who'd enjoy this episode on how GLP-1s could fight crime, and share this episode with them.

Welcome back. Before the break, we had heard from two women, [00:21:00] Christina and Jessica, and their struggle with addiction. They have been taking part in the GLP-1 pilot program at Open Doors for over a year now. For Jessica, she noticed a change almost immediately.

[00:21:12] Jessica Massarone: Before starting the semaglutide, I was having these dreams, these vivid drug dreams that were so bad.

I feared going to sleep because I was reliving all of my past and all of my trauma, my kids getting taken, my mother's death, reliving that, waking up looking for my mother, thinking that she was still alive, and trying to find her, and the sweating and the waking up in tears like, "Oh my God, I just fucked up again."

Like, "How am I gonna pass my drug test in the sober house?"

[00:21:37] Cristina Quinn: Awful.

[00:21:38] Jessica Massarone: They were so real. When I started the semaglutide, I have to say within that first week of starting the medication, the drug dreams had disappeared. So that was the first shift in like, hold on, like, what's going on?

[00:21:53] Cristina Quinn: Christina's experience was a little different. It took a bit longer before she started feeling a change in her cravings. [00:22:00]

[00:22:00] Christina Staradums: It was like maybe three months. I first started noticing it and, like, I didn't know how to tell them because I'm not good with words, and it's hard to explain because, like, if you're not an addict and you don't know the symptoms that we go through.

I still have the mental cravings. Like, they're always gonna pop up 'cause I've been on it all my life, but I didn't have the physical. I didn't have the sweats. I didn't have, you know, the numbness, the needing the drug is what I guess what you can say. Like, wanting to go out, which I wanted to do mentally, but physically I didn't have to.

[00:22:38] Cristina Quinn: As part of Open Door's program, you need to actively seek out work as soon as you arrive. Jessica and Christina both got jobs at Subway at different branches. But Jessica faced a unique challenge on her way to work every day.

[00:22:52] Jessica Massarone: When I first started working at my job, I worked in a plaza where my... I used to meet my drug dealer, right?

My drug dealer [00:23:00] lived in the same plaza. There's these houses, and then here's Subway. And I remember, like, so every time I would go to work, I would constantly be, like, looking in the parking lot if I could see his car.

[00:23:09] Cristina Quinn: The temptation was always present, but it wasn't until one particular moment that Jessica realized something else had changed.

[00:23:18] Jessica Massarone: And one day, about two weeks after starting the medication, I saw his car in the parking lot as I was in Subway, and I saw him do a drug deal right in front of my face. Normally for me, that would be, I'm going to see him. I'm walking out the door and, like, going to see him. And I didn't even have that urge or that, like, pounding

of the heart.

It hit me really hard, and I remember, like, where's the feeling? Like, where's that gut-wrenching urge for me to just walk outside and go see him really quick? He's right there. It wasn't there. And I was like, okay.

[00:23:54] Cristina Quinn: You were able to walk away.

[00:23:55] Jessica Massarone: I was able to walk away. I said a little prayer, right? I went in the bathroom.

I said a little prayer, and I processed it, and [00:24:00] then I called my counselor after work, and I told him about it, and, and I just... and it just went away. Holy shit. Okay. Let's see how this goes.

[00:24:10] Cristina Quinn: Christina and Jessica's experiences sound like pretty compelling anecdotal evidence for the effect of GLP-1s on addiction.

But Nick Horton, Open Door's co-executive director, says their experiences have not been shared by all the women in the pilot.

[00:24:26] Nick Horton: Five people who have relapsed, four was with substances and one was alcohol.

[00:24:33] Cristina Quinn: Drug treatments don't necessarily work equally as effectively for everyone. We heard from Dr. Kawasaki that in one trial of GLP-1 for impact on alcohol consumption, overweight people lost their desire to drink alcohol. Thinner people did not. But that doesn't mean the treatments themselves aren't worth developing and being made widely available. Though for Nick Horton, that still feels a long way off.

[00:24:59] Nick Horton: I think it... [00:25:00] we're years away though, unfortunately, even from alcohol use. It is extremely tragic. I mean, it's not just frustrating. I think that this is the type of delay and lack of motivation and focus on the science that is irresponsible. It is a dereliction of social duty. We... here we have these problems, which are some of the most serious problems, health problems in the country, some of the most expensive health problems in the country and almost no funding put towards medical solutions.

And we have a drug which is almost certain to have some impact, and yet very, very slow progress. What we're trying to prove here is that society should care and that society should ultimately make the effort to make this medication available because it's, it will be better for us all.

[00:25:54] Cristina Quinn: Nick's frustration and resolve is colored by his experiences over twenty-two years at Open [00:26:00] Doors, which he joined straight out of college.

[00:26:02] Nick Horton: I was living with the men in the transitional house, going to the prison and teaching. And so I saw really firsthand both the successes and the failures and sort of the long-term challenges of people doing well with their, in our program and then relapsing at these really high rates. In the first, in the first 15-person cohort, we had six died.

[00:26:20] Cristina Quinn: Oh, my goodness.

[00:26:20] Nick Horton: So that project made me determined to keep trying, but very aware of the challenges that people face and how hard it is to have success in this work, because we're not just working with sort of people who have some addictive challenges, but people who have been in the throes of addiction for most of their life and in and out of prison.

Yeah. And so turning someone's life around is not gonna happen just with a one-week class or a six-month program or even one year in a transitional house.

[00:26:48] Cristina Quinn: Yeah.

[00:26:49] Nick Horton: So we're gonna keep trying to find other ways to improve what we're doing and help people in even more sort of long-lasting ways.

[00:26:56] Cristina Quinn: GLP-1s are the latest, most promising way to [00:27:00] do just that.

So GLP-1 trials and FDA approval, no matter how long that takes, is clearly the priority, as underlined by Nicholas Reville of CASPR.

[00:27:11] Nicholas Reville: That unlocks payer coverage, so there's very strong coverage for substance use disorders in public and private insurance plans, unlike obesity. And so people with a substance use disorder should be able to get access to these medications as soon as we have an FDA approval.

And so there are now some efforts to do that for alcohol use disorder, and I think that there will be following on efforts for cocaine, methamphetamine, and other drugs. And so this would be a huge breakthrough.

[00:27:42] Cristina Quinn: And remember, around 65% of the people in prison have alcohol or substance abuse disorder, and roughly 70% of arrests are drug or alcohol related.

Just think what kind of an impact an all-encompassing addiction medication could have on crime. So why [00:28:00] has there been so little progress on medical treatment for alcohol and substance abuse?

[00:28:04] Keith Humphreys: This has not been an area that either the pharmaceutical... most of the pharmaceutical industry, not all of it, or the FDA has had that much interest in.

[00:28:14] Cristina Quinn: Keith Humphreys is the Esther Ting Memorial Professor of Psychiatry at Stanford University, and he says the FDA's standards for addiction have always been much higher than for other pharmaceuticals.

[00:28:25] Keith Humphreys: For example, you know, for lots of chronic conditions like, say, depression or pain, if you had a, you know, a placebo and your treatment drug and the treatment drug reduced symptoms by 20, 25, 30% and was statistically significant, you would get approved.

Whereas the standard for addiction for a long time, and, particularly when the FDA started doing this, was you had to have perfect abstinence or it was considered failure.

[00:28:53] Cristina Quinn: But why such a stringent requirement?

[00:28:56] Keith Humphreys: It was, you know, there's this long been a view that, you know, [00:29:00] addiction is not a chronic illness.

It's like an acute disorder and approached that way. So, you know, we, you, you know... if you think about how it has been understood, like, you know, in the movies, you know, when, you know, somebody is addicted to heroin and then, you know, the loving relative locks them in their bedroom and they sweat and they shake and they method act and everything.

And they come out, you know, "The poisons are gone," you know? "You're okay," blah, blah. And, you know, that's detoxification, you know, of the acute effects, but you know, the person is still addicted. But that kind of belief that you send somebody away, they go to rehab and it's removed like it was a tumor or it's set like a broken bone, that's that, we're all back to normal, you know, is sort of ingrained in how, you know, you know, a lot of people think about addiction and that affected how the FDA thought about it. So if that's the hill you have to climb, for a pharmaceutical company, that's not particularly attractive, you know? Right? You know, why should I do it when it's so hard?[00:30:00]

And also of course, these are stigmatized disorders. Like, do I want to be associated with fentanyl addiction? You know, do I wanna be associated with alcohol addiction? All those things are gonna, you know, kind of de-incentivize.

[00:30:13] Cristina Quinn: But the FDA was eventually persuaded to move away from abstinence as a requirement because of a drug called naltrexone.

It's taken to treat opioid addiction, but it was also found to reduce the desire to drink alcohol.

[00:30:27] Keith Humphreys: So you will see people on naltrexone commonly who normally drink, say, 10 or 15 drinks, instead drink, like, three or four, which most of us would say that's really good, but for a long time, FDA wouldn't recognize that as valuable.

If it wasn't zero, it didn't count. And so they were among the groups who advocated, and a lot of people and scientists did too, like, come on, like, who would not, who would not take that? You know, if you had a family where someone was putting down 15 drinks a day and you got them down to three or four, would you not take that?

[00:30:55] Cristina Quinn: Now, for a phase three trial of GLP-1 for alcohol use [00:31:00] disorder, participants' complete abstinence will not be the measure for the treatment success. Keith is actually working on this trial with a major philanthropist who prefers to remain anonymous.

[00:31:11] Keith Humphreys: This study is using something called the World Health Organization alcohol risk system.

So WHO divides up, you know, the severity of drinking problems into different levels. And the study is saying if it can reduce the level of risk by two levels, that's good enough, even if the person hasn't abstained. This is going to be, I believe, the first pharmaceutical trial to take advantage of the FDA accepting the WHO, you know, risk levels as legit.

They just did that. So, that'd be my hope, because then if it works, it would get into people's hands faster and save more lives.

[00:31:55] Cristina Quinn: We've been talking about GLP-1s as a potential cure for addiction to drugs and [00:32:00] alcohol, but there is growing evidence that they may go beyond even that. A new study out of Rutgers University, lead researcher Daniel Semenza suggests GLP-1s could reduce violent and impulsive behavior.

It's something Nicholas Reville of CASPR is excited about.

[00:32:17] Nicholas Reville: And so what he did was interview people who had been on a GLP-1 in the past and people who were currently on a GLP-1. And what they found is that people who were currently on the GLP-1 self-reported much, something like 50% less, more acts of violence by themselves.

And even more strongly in moments of impulsivity were... became decoupled from violence. And so people would be less likely to have an impulsive moment turn into a trigger. And so there's, beyond just the [00:33:00] substance use disorder focus that we've generally had when we look at GLP-1s, there may be a direct reduction in the types of impulsivity that lead to crime when people are taking these medications.

And so the potential here is tremendous.

[00:33:18] Cristina Quinn: And to that end, there's another very exciting phase three trial of a GLP-1 that's just got the go-ahead. This one is taking place in Allegheny County, Pennsylvania. Allegheny's Department of Human Services is conducting the trial. They provide care and support to vulnerable people in the county.

[00:33:36] Alex Jutca: We're looking at 1,200 people with alcohol use disorder or opioid use disorder here in Allegheny County who are at elevated risk of criminal justice involvement.

[00:33:44] Cristina Quinn: Alex Jutca is the acting director of Allegheny County's Department of Human Services.

[00:33:49] Alex Jutca: For the 600 members of the treatment group, they're going to be offered the opportunity to take a GLP-1 medication as an adjunct to whatever else they're doing.

So you could continue to do therapy, [00:34:00] you could access peers, you could access all of those things. And so what we're interested in here is how assignment to that, to receiving that GLP-1 actually then improves things.

[00:34:11] Cristina Quinn: And this trial is going way beyond tracking participants' drug and alcohol consumption.

[00:34:16] Alex Jutca: We're also gonna be looking at things like downstream criminal justice involvement. So are you arrested? Are you criminally charged? Are you incarcerated? Also, important measures of stability, like do you have a job? How much are you earning? Housing stability. So all of those outcomes are sort of captured within the trial.

And so of course, we're interested in how GLP-1 medications lead to potentially less craving for drugs and alcohol, how that lowers consumption. But also in terms of these real markers of stability and success that our clients tell us are super important.

[00:34:47] Cristina Quinn: This measuring of various markers will provide a fascinating spectrum of stability and success for the participants in the trial.

But this podcast is called Fighting Crime, so it's the crime data [00:35:00] that we're interested in. The trial will go on for three years, and if it shows that people with alcohol and substance abuse disorder who are, as Alex put it, at elevated risk of justice involvement, end up with fewer arrests, fewer criminal charges, less time spent in prison, that would be extraordinary.

[00:35:17] Alex Jutca: One of the things that excites me about the GLP-1 medications is that potentially they help to facilitate better engagement with treatment and with care. And if that's true, that, that'd be fantastic. But I think we should be, I think, relentless in our pursuit of progress here, given the incredible cost to our clients personally.

But also how these things spill over into communities, how they spill over into the systems we operate, community safety, crime, all sorts of things that we care about, both for the individuals themselves who are struggling with addiction, but also for society at large.

[00:35:52] Cristina Quinn: CASPR is also involved in the funding of this trial, so Nicholas Reville definitely has some skin in this game.

[00:35:58] Nicholas Reville: If we can show in our [00:36:00] Pittsburgh trial that this actually reduces crime and recidivism, this becomes immediately one of the most scalable and replicable anti-crime interventions ever developed because it doesn't depend on a specific charismatic program that's been developed. It's not a complicated jobs system.

It doesn't require a lot of administrative complexity. It's simply, can you get them this medicine? And if you can, you will reduce crime in your community, and therefore it can replicate to and be copied by every city, town in the country, around the world, and that makes it a really, really powerful intervention, combined with the fact that people want to be on these medicines.

[00:36:46] Cristina Quinn: One can only hope that the participants in the Allegheny County trial have similar experiences to the former Open Doors residents, Christina and Jessica. Both now years into sobriety, they appear committed to their own [00:37:00] journeys of addiction recovery, and with GLP-1 treatment as part of it. Are you hoping or expecting to just, like, stay with it, like, continue needing it, I guess, for the rest of your life?

Like, what do you think?

[00:37:14] Christina Staradumsky: I honestly want to continue it for a little while until I can get, like, more, not necessarily time under my belt, but be more stronger and more stable. Because I'm only in two years of recovery, I don't want to take the chance of my mindset changing, my body changing. So I want, I do want to continue it.

I'm very interested. And then when I come to the part that I don't think I need it, I can slowly get off of it.

[00:37:38] Cristina Quinn: Mm-hmm.

[00:37:38] Christina Staradumsky: But I can't tell you today if that would happen. Because I have to stay in today and right now. My... I want to stay on it and I'm gonna keep going on it.

[00:37:48] Jessica Massarone: Now I just have, like, I have dreams.

I have goals. Like, I'm a manager today. Like, I... I started at the bottom and worked my way up. It's changed my life. It has changed... I want to stay on it for the rest of my life. [00:38:00]

[00:38:01] Cristina Quinn: Open Doors has enough funding to provide the GLP-1 treatment to those doing the pilot program for another year. They paused enrollment earlier this year to ensure that was the case.

And even if the funding for the GLP-1 treatment at Open Doors were to dry up, Jessica says she will make sure she stays on it.

[00:38:18] Jessica Massarone: I will pay the $175 a month or whatever it is. I will work more hours if I have to just so that I can make sure that I have the money to be able to pay for this every month, because had I had known that this medication would do for me what it has done, I would have done this years ago. So many years ago.

[00:38:36] Cristina Quinn: We're wishing them the best here at Fighting Crime. They have been through more than many of us can even imagine. And as more people struggling with addiction try GLP-1s, maybe more lives will be saved. So time for a recap. Number one: GLP-1s might do more than shrink waistlines. They might blunt cravings, period.

What started as a diabetes drug, then a weight loss [00:39:00] phenomenon, could cure alcohol and drug addiction, and even impulsive violent behavior. Number two: bureaucracy is slower than science. It has taken years for the FDA to

lower the bar for addiction treatment. But using WHO risk reduction levels instead of abstinence will get treatments to people who wouldn't have received them before.

That said, sometimes the science also needs to take its time. Research and trials must be rigorous and can't be rushed. And number three: if GLP-1s get FDA approval for alcohol and drug addiction treatment, this could be one of the most effective, scalable anti-crime tools ever. Hmm, some food for thought.

Speaking of which, time for some donuts

Don't forget to subscribe to the show, and please leave a review. It'll help others interested in fighting crime to find Fighting Crime: The Podcast. Our [00:40:00] series producer is Nastaran Tavakoli Far. Production by Benjie Guy, yours truly, Cristina Quinn, and Amory Sivertin. Video production and editing by Mike Tamman and James Page.

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