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The Relationship Between GLP-1 Use and Trust in Pharmaceutical Companies

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EXECUTIVE SUMMARY

GLP-1 receptor agonists and newer dual- and triple-agonist agents have been adopted rapidly—roughly 1 in 5 Americans reports having used one—but 45%–65% of patients discontinue within the first year, most often citing cost and side effects. This brief reports on a recent national survey that found that starting and stopping GLP-1 drugs is associated with lower public trust in the pharmaceutical industry, especially with regard to pricing. This relationship is likely bidirectional: Quitting a costly drug—particularly when patients feel uninformed about costs and alternatives at initiation—may damage trust, and diminished trust may in turn reduce willingness to stay on medications. These findings suggest that lowering patient cost-sharing for GLP-1s could improve access, reduce discontinuation and help repair trust in the industry. Clearer provider communication about risks, benefits and out-of-pocket costs at the point of prescribing may set realistic expectations and blunt distrust.

Quitting GLP-1 Drugs Is Common, Raising Concerns About Trust

New drugs that treat obesity—glucagon-like peptide-1 (GLP-1) receptor agonists and newer dual- and triple-agonist agents—have the potential to revolutionize how we treat obesity. Recent surveys suggest that about 20% of Americans have used a GLP-1 for weight loss, diabetes or heart disease, reflecting rapid adoption of these medications.[1] But 45%–65% quit within the first year, citing high costs and side effects as the main reasons for discontinuation.[1,2] Concerns have been raised that negative experiences with medications impact trust in pharmaceutical companies and their products and pricing.[3]

Our National Survey Examined GLP-1 Use and Trust

In April and May 2026, we fielded a survey with 690 current users, 369 former users and 1,018 nonusers of GLP-1 drugs as part of the nationally representative Understanding America Study.* Current and former users were over-sampled. We asked questions about trust in pharmaceutical companies to (1) develop effective drugs, (2) develop safe drugs, (3) disclose side effects, (4) act in patients' best interest and (5) price products fairly. In this issue brief, we summarize our main findings from this survey and discuss the potential links between patient affordability, transparency in drug pricing and trust in pharmaceutical companies. The appendix provides details about the survey methods and analyses.

Former GLP-1 Users Expressed Low Trust

Former GLP-1 users expressed the lowest trust in pharmaceutical companies. Across the five trust questions, the average percent of current GLP-1 users expressing trust was 61%, but it was 57% for nonusers and 54% for former users. In particular, former GLP-1 users were less likely than current users to trust pharmaceutical companies regarding effective drug development (72% vs. 80%), safe drug development (69% vs. 80%), disclosure of side effects (73% vs. 78%), and trust in pricing (13% vs. 17%).

*Understanding America Study, https://uasdata.usc.edu/index.php.

Trust in Drugs and Disclosures Was Much Higher Than Trust in Fair Pricing

A majority of current users, former users and nonusers expressed trust in drug development and disclosure of side effects. However, only 51% of current users, 42% of former users and 46% of nonusers trusted pharmaceutical companies to act in the best interest of patients. Moreover, trust was even lower in fair pricing: Former GLP-1 users reported the lowest level of trust in pricing practices (13%), followed by current users (17%) and nonusers (21%).

Quitting Can Lead to Low Trust, Which May Then Cause More Quitting

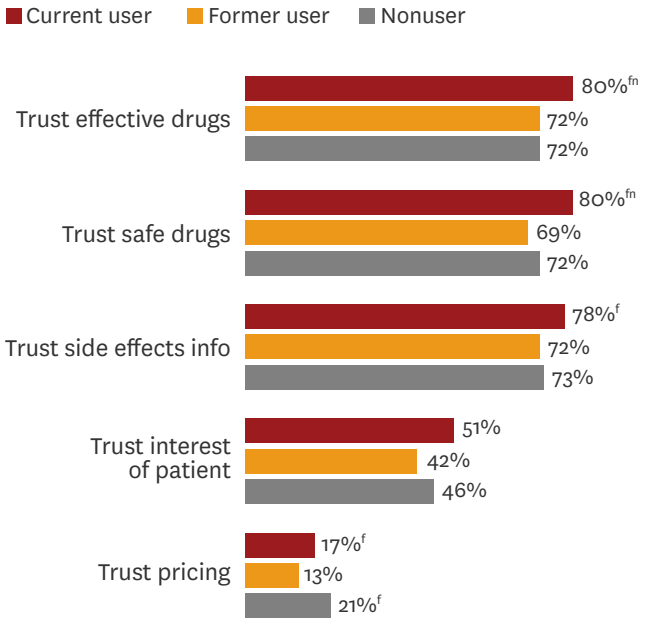
The findings reported here may reflect former GLP-1 users' problems with covering the costs of GLP-1 medications, especially given the low trust in pricing. The causal effect may go both ways. First, having to quit a drug due to its high costs may damage trust in pharmaceutical companies, especially if the patient felt uninformed about costs and available options when starting a new drug. Low trust may then reduce patients' willingness to take medications.

Implications for Drug Pricing and Providers

Previous reports have warned that Americans perceive profits to be a main driver of drug pricing, and that they trust the pharmaceutical industry less than other industries.[4,5] Our findings suggest that trust may be especially low among patients who start but then quit GLP-1 drugs, in part due to high costs.[1] Reducing patients' cost-sharing for GLP-1 medications may allow more people to access treatment, decrease discontinuation rates, and repair trust in the pharmaceutical industry.

Providers sharing accessible information about the risks, benefits and costs of GLP-1 medication may further help improve transparency, set realistic expectations and reduce distrust.[6,7]

Figure 1. Percent of current users, former users and nonusers expressing trust



Note: N=2,077. f=significantly higher than former user; n=significantly higher than nonuser, as indicated in chi-square tests comparing pairs of groups on each trust measure (Bonferroni-Holm corrected $p<0.05$). Error bars reflect standard errors. Findings held when accounting for demographic differences (see appendix).

References

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APPENDIX: SURVEY METHODS AND ANALYSES

Ethics

Ethics approval was obtained through the Understanding America Study from Biomedical Research Alliance of New York's ethics committee. All participants provided consent online.

Sample

In April–May 2026, an online survey was fielded with the nationally representative Understanding America Study, while over-sampling individuals who had previously indicated having used GLP-1 medications. Out of 2,858 invitees, 2,077 (73%) completed the questions analyzed here. Sample size was sufficient for uncovering small effect sizes, with three GLP-1 user groups (α=0.01, β=0.95).

Survey Questions

GLP-1 user status. To confirm their GLP-1 user status, participants were asked: "Which of the following best describes your experience with GLP-1 medications, such as Ozempic, Wegovy, Rybelsus, Trulicity, Zepbound, Mounjaro, Victoza, Saxenda, Byetta or Adlyxin." They could indicate "I am currently taking a GLP-1 medication"; "I used to take GLP-1 medication, but I stopped"; "I have never taken a GLP-1 medication, but I would like to"; or "I have never taken a GLP-1 medication and do not want/need to." Respectively, participants selecting the first two responses were categorized as current users and former users. Those selecting the latter two responses were categorized as nonusers, in line with the research aim and power calculation reported above.

Trust. Participants indicated how much they trusted pharmaceutical companies to (1) develop new effective drugs, (2) develop safe drugs, (3) provide information about the side effects of specific drugs, (4) act in the best interest of patients and (5) price their products fairly.[4] Response options included "a lot," "somewhat," "not that much" and "not at all." The first two options were classified as expressing trust.

Demographics. We recorded annual household income, highest level of education, race/ethnicity, insurance status, political affiliation, age, and having been diagnosed with overweight/obesity, diabetes or heart disease (Supplemental Table 1).

Data Availability

Survey questions and data are available from the Understanding America Study (survey #787).

Demographic Characteristics by GLP-1 User Status

The sample included 690 current users, 369 former users and 1,018 nonusers. Supplemental Table 1 shows their demographic characteristics.

Supplemental Table 1. Participant characteristics by GLP-1 user status

Characteristic	Current users (N=690)	Former users (N=369)	Nonusers (N=1018)
Income ≥$60k	62%	55%	58%
College degree	46%	40%	49%
Non-Hispanic White	70%	67%	63%
Female	**69%[n]**	**76%[n]**	59%
Private insurance	56%	50%	52%
Medicare/Medicaid	36%	39%	36%
Unspecified insurance/uninsured	8%	11%	12%
Democrat	39%	33%	37%
Republican	32%	31%	26%
Independent/other	29%	36%	**37%[c]**
Age >45 (or older than Gen Z/millennial)	**77%[n]**	72%	67%
Ever diagnosed with overweight/obesity	**80%[n]**	**76%[n]**	31%
Ever diagnosed with diabetes	**55%[fn]**	**33%[n]**	8%
Ever diagnosed with heart disease	**18%[n]**	12%	9%

Note: c=significantly higher than user; f=significantly higher than former user; n=significantly higher than nonuser, as indicated in chi-square tests comparing pairs of groups on each characteristic (Bonferroni-Holm corrected $p<0.05$)

Statistical Analyses

Figure 1 in the issue brief shows Bonferroni-Holm-corrected chi-square tests that examined pairwise differences between user groups in the five domains of trust. Supplemental Table 2 shows a fixed-effects logistic regression that was used to predict trust from GLP-1 use status and trust domain, while accounting for demographic control variables.

Supplemental Table 2. Fixed-effects logistic regressions predicting trust in pharmaceutical companies

Predictor	Model 1		Model 2	
	Odds ratio	95% CI	Odds ratio	95% CI
Current user (vs. former user)	1.45**	(1.18, 1.78)	1.42	(0.97, 2.06)
Nonuser (vs. former user)	1.08	(0.88, 1.34)	1.69**	(1.17, 2.42)
Trust effective drugs (vs. fair pricing)	14.19***	(12.36, 16.30)	19.04***	(13.31, 27.23)
Trust safe drugs (vs. fair pricing)	13.76***	(12.02, 15.75)	16.24***	(11.53, 22.88)
Trust side effects (vs. fair pricing)	14.05***	(12.24, 16.12)	19.04***	(13.31, 27.23)
Trust interest of patients (vs. fair pricing)	4.07***	(3.64, 4.56)	5.12***	(3.76, 6.98)
Current user (vs. former user) X trust effective drugs (vs. fair pricing)	--	--	1.05	(0.68, 1.62)
Nonuser (vs. former user) X trust effective drugs (vs. fair pricing)	--	--	0.55**	(0.37, 0.82)
Current user (vs. former user) X trust safe drugs (vs. fair pricing)	--	--	1.27	(0.84, 1.94)
Nonuser (vs. former user) X trust safe drugs (vs. fair pricing)	--	--	0.63*	(0.43, 0.93)
Current user (vs. former user) X trust side effects (vs. fair pricing)	--	--	0.93	(0.61, 1.44)
Nonuser (vs. former user) X trust side effects (vs. fair pricing)	--	--	0.57**	(0.38, 0.85)
Current user (vs. former user) X trust interest of patients (vs. fair pricing)	--	--	0.99	(0.69, 1.42)
Nonuser (vs. former user) X trust interest of patients (vs. fair pricing)	--	--	0.64*	(0.46, 0.91)
Control variables				
Income ≥$60k (vs. not)	1.12	(0.94, 1.34)	1.12	(0.94, 1.33)
College degree (vs. not)	1.18*	(1.02, 1.38)	1.18*	(1.02, 1.38)
Non-Hispanic White (vs. not)	1.10	(0.94, 1.30)	1.10	(0.94, 1.30)
Female (vs. not)	0.91	(0.78, 1.06)	0.91	(0.78, 1.06)
Private insurance (vs. unspecified/uninsured)	0.99	(0.77, 1.28)	0.99	(0.77, 1.28)
Medicare/Medicaid (vs. unspecified/uninsured)	1.24	(0.96, 1.61)	1.24	(0.96, 1.60)
Democrat (vs. Independent/other)	1.34***	(1.13, 1.58)	1.34***	(1.13, 1.58)
Republican (vs. Independent/other)	0.97	(0.80, 1.17)	0.97	(0.80, 1.17)
Age >45 (vs. Gen Z or millennial)	1.25*	(1.05, 1.49)	1.25*	(1.05, 1.48)
Ever diagnosed with overweight/obesity (vs. not)	0.93	(0.79, 1.10)	0.93	(0.79, 1.10)
Ever diagnosed with diabetes (vs. not)	0.94	(0.78, 1.13)	0.94	(0.78, 1.14)
Ever diagnosed with heart disease (vs. not)	0.89	(0.71, 1.11)	0.89	(0.71, 1.11)

*Note: N=2,077. * p<0.05, ** p<0.01, p<0.001*