

Why Are So Many Still Taking GLP-1 Drugs—Despite the Risks?

By Robert Ferguson

Despite what history has taught us about quick fixes in weight loss, the world is once again gripped by a pharmaceutical frenzy—this time, driven by GLP-1 receptor agonists like **Ozempic**, **Wegovy**, and **Mounjaro**. These drugs promise rapid weight loss, but mounting evidence suggests the long-term cost may be dangerously high.

I often find myself asking: *Why are so many smart, educated, financially secure, and respected individuals—people who lead in their families and communities—choosing to take these drugs?* When you weigh the growing science against the risks, it's hard to make sense of it. But for many, a nod from their physician or a vocal endorsement from a celebrity is all the validation they need.

I've heard people justify their use in different ways:

- *"I'm only using it to give me a quick start."*
- *"I just use it when I feel I need it."*
- *"I've done my research, and I'm exercising too—that makes a huge difference."*

These responses are familiar—and human. We all seek reassurance. In psychology, it's called **confirmation bias**—the tendency to find, favor, and interpret information in a way that supports what we already believe or want to be true. It's a powerful mental shortcut, but when it comes to your health, it can blind you to risk and delay important decisions until it's too late.

Personally, using a GLP-1 drug makes no sense to me. It contradicts everything I've come to understand about sustainable, healthy weight loss over the last 30 years. And I say this without judgment. My heart truly goes out to those who are taking these medications. This article isn't written to shame you—it's written to **wake you up**. I want to empower you with information and encourage you to either avoid this trap or begin transitioning off before the cons take full effect.

Before you continue reading, I ask just one thing: keep an open mind. And if anything in this article resonates, please share it—with your physician, your family, and anyone you know who may have unknowingly "drunk the Kool-Aid." The truth is, your health deserves more than hype, and your future depends on choices grounded in clarity—not just convenience.

Losing the *Wrong* Weight Comes at a Cost

Recent studies reveal that **losing the wrong kind of weight—especially lean skeletal muscle—can increase the risk of heart attack by 300%** (Park et al., 2023). It's not just about looking thinner—**muscle loss** is tied to:

- Physical frailty
- Greater risk of chronic diseases
- Higher all-cause mortality (Bouchonville et al., 2014)

Yet public demand is exploding. According to *Thomson Reuters*, **Wegovy prescriptions rose by 619% between December 2022 and May 2023** (Kelly, 2023).

Side Effects That Can't Be Ignored

The most common GLP-1 side effects include:

- Nausea
- Vomiting
- Constipation
- Diarrhea
- Stomach pain

More severe risks include:

- Thyroid tumors
- Pancreatitis
- Kidney failure
- Gallbladder disease
- Hypoglycemia
- Vision changes
- Cancer (FDA, 2023)

Mental Health Warning: New Research Raises Red Flags

A 2023 study from **Chung Shan Medical University (Taiwan)** found **statistically significant psychiatric risks** among GLP-1 users, including those taking Ozempic, Wegovy, and Mounjaro:

- 195% higher risk of major depression
- 108% increased risk of anxiety
- 106% greater risk of suicidal behavior

These effects are often tied to **anhedonia**, the inability to feel pleasure—likely due to how these drugs alter dopamine and reward pathways in the brain (Chung Shan Medical University, 2023).

While **Black and Hispanic Americans face higher rates of obesity and type 2 diabetes**, research consistently shows they are **less likely to be prescribed GLP-1 drugs**:

- A nationwide cohort study found that **Black, Hispanic, Asian, and Native American adults were significantly less likely to receive GLP-1 prescriptions** than their White counterparts (Alexander et al., 2023).
- Even within the **Veterans Health Administration**, where access is equalized, **Black veterans had 26% lower odds of receiving semaglutide (Ozempic)** (Zhang et al., 2023).
- Commercial prescription data reveals that **65% of GLP-1 users are White**, despite the broader racial makeup of the population (IQVIA, 2023).

However, a KFF (Kaiser Family Foundation) poll revealed **18% of Black adults report using a GLP-1 drug**, compared to 10% of White adults and 13% of Hispanic adults (KFF, 2024). This highlights how **marketing pressure and desperation may be driving adoption**, even when structural access remains unequal.

But one of the **biggest underlying disparities isn't about prescriptions—it's about education**.

Too many people are putting their hope in a drug instead of being equipped with **nutrition knowledge**. When people don't know how to eat, they're more likely to outsource their health to pharmaceuticals. This is why we need to shift focus toward **nutrition-education programs like the Diet Free Life methodology**, where people learn to:

- Eat foods they already have access to
- Get results without dieting or feeling deprived
- Lose weight in a sustainable way while keeping their power

We must stop asking people to trade food freedom for medication dependency. **The better solution is to educate, not medicate.**

The Bigger Problem: A Disparity in Information, Not Just Access

The real issue may not be who is or isn't getting a GLP-1 prescription—it's the **widespread lack of informed guidance**. Across all communities, far too many people are making life-altering decisions without being offered **science-based education** on how to improve their health.

The push toward GLP-1s reflects:

- A desire for fast answers to complex problems
- A healthcare system that prioritizes prescriptions over prevention
- A vacuum of education and exposure to sustainable options
- Marketing that exploits hope while minimizing risk

When people are uninformed, they're more vulnerable to solutions that feel like progress but may ultimately delay real change or cause harm.

A Smarter Solution: Science-Backed, Safer, Sustainable

At **iCoura Health, Inc.**—the company I co-founded and where I serve as Chief Nutrition Officer—we work with businesses of all sizes, from local organizations to global corporations. Some of these companies are **insured**, meaning they pay premiums to a health insurer. Others are **self-insured**, meaning they pay employee health expenses directly and carry a much higher financial risk.

For a self-insured company like **McDonald's Corporation**, rising GLP-1 prescriptions among employees represent not just a health concern, but a **major financial burden**. These medications cost **\$936 to \$1,349 per month, per person**. Add to that the increased medical costs associated with side effects like thyroid tumors, pancreatitis, mental health disorders, and hospitalizations—and the strain becomes overwhelming.

That's why companies are turning to prevention-first solutions.

When we provide employees with the choice between taking a GLP-1 or joining our **nutrition-education and coaching program**, something remarkable happens:

86% choose to learn how to eat and improve their health.

This proves that when people are **offered a path to empowerment**, they take it. They want to feel better without being dependent on a drug. They want tools, guidance, and lasting results.

At iCoura Health, our program helps individuals:

- Lose fat while preserving lean muscle
- Improve metabolic health without extreme dieting
- Learn how to eat based on real life, not restrictions
- Build habits that support long-term vitality

We don't just help people lose weight—we help them **build a life where they never need another diet**. That's the smarter way forward.

A Smarter Solution: Science-Backed, Safer, Sustainable

At **iCoura Health**, we offer a program that prioritizes long-term transformation over short-term fixes. Our approach:

- Supports **targeted fat loss** while protecting **lean skeletal muscle**
- Helps reverse **inflammation**, improve **insulin sensitivity**, and restore metabolic balance
- Can be implemented **before, during, or after GLP-1 use** to support safe and lasting outcomes
- Empowers individuals to **transition off medications** by building sustainable health practices

But this isn't about gimmicks, quick detoxes, or relying on another pill or patch. It's about **education and coaching**—the kind that teaches people **how to eat, how to build habits, and how to take control of their health for life**.

At the heart of our success is a proven **nutrition-education and coaching system** that helps individuals understand:

- How to eat the foods they already enjoy
- How to develop consistent habits without feeling restricted
- How to build a healthy lifestyle that supports energy, longevity, and confidence

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Final Thought: We Deserve Better

The science is clear: GLP-1 drugs may help with short-term weight loss, but the risks—both physical and psychological—are mounting.

For individuals—especially in marginalized communities—we must move beyond hype, shortcuts, and side effects. We need a real plan. A lasting solution. A method that honors your health, not compromises it.

Want to know how we're helping people lose fat, avoid muscle loss, and protect their mental health—without the hype or injections?

[Schedule your free consultation today](#). Feel free to email me at robert@dietfreelife.com.

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