Roundtable ABSTRACT

Roundtable 04: Weight loss on prescription: New drugs, new moral challenges, and new types of weight stigma

Organizer: Pernille Andreassen, Fernanda Scagliusi, Alexandra Brewis

Abstract: The roll-out of GLP-1 (”anti-obesity”) drugs is predicted to transform health care profoundly. Prescriber and public enthusiasm – including for ”off label” use -- has been overwhelming. Citizens of many higher income countries are struggling with supply chain shortages and denied insurance coverage. The extremely high price of drugs within this complicated medical and pharmaceutical landscape also makes it difficult or impossible to obtain for many with lower incomes. There is also the challenge of side effects and a lack of clear data and medical guidelines for how to manage longer-term use.

There is no corpus of social science studies on how people experience, use, and relate to these new weight loss drugs, but our collective research is confirming the lengths people are willing to go to gain and sustain their access to GLP-1 medication despite these profound challenges. This includes accepting financial burdens, enduring unpleasant side effects, experimenting with treatment regimes, access via pop-up online compounding pharmacies or the black market, and significant stress/distress. This is compounded for users by the powerful moralizing stigma around high body weight itself and the notion that they are” cheating” at weight loss.

In this roundtable, we share observations from our emergent ethnographic studies on these newer weight loss medications that build on our long-term research programs around weight in the USA, Japan, Brazil and Denmark. We will compare and reflect on how weight loss drugs are prescribed, dispensed, used, and experienced in a broader ethical, medical and cultural context.

SESSION SCHEDULE

17.09.2025 | Slot 4| 4-0-2

Rachael Drewery, Charlotte Albury: Accessing weight loss medication within an

intensive, multi-component weight management programme

Sissel D. Jensen: Tinkering with Weight Loss Medication: GLP-1ra, Clinical Care, and Moral Negotiations in Danish General Practice

Fernanda Scagliusi: From "Ozempic is my best friend" to "Ozempic made me do a bariatric": Experiences of Brazilian fat women with GLP-1 agonists.

Megan Warin, Andrea Bombak:'Dear Science': How the weaponisation of nutrition science tools serve commercial markets of weight loss injectables

Oli Williams: How will the availability of GLP-1 drugs shift weight management norms and influence weight stigma?

SESSION PAPERS

Accessing weight loss medication within an intensive, multi-component weight management programme

Rachael Drewery, Charlotte Albury

While the media and social influencers may present GLP-1 weight loss medications (WLM) as "wonder drugs" and a "miracle", national guidelines suggest behaviour change is also necessary. In the UK, the National Institute for Clinical Evidence (NICE) recommends prescribing of WLMs occur in conjunction with supervised weight management support, a reduced-calorie diet and physical activity (NICE, 2023; 2024). There is, however, limited evidence regarding how people access and experience new WLMs within multi-component weight management programmes.

In the UK and Denmark, the LightCOM trials are comparing usual care with an intensive weight loss programme, which includes total diet replacement, healthy diet, physical activity, professional support and, in some cases, WLMs. As with national guidelines, whether participants in the intervention group receive WLM is determined by a protocol. This context of a protocolised, multi-component intervention, occurring within the wider cultural context surrounding WLM, provides us with an opportunity to understand how WLM is accessed and experienced.

Within these trials we are interviewing intervention participants regarding their experiences of accessing and using WLM. Drawing on concepts from linguistic anthropology and video-recordings of health coach-participant interaction, we are also using conversation analysis to explore how WLM is negotiated, and how potential troubles surrounding WLMs are resolved.

Using emerging findings and drawing on the theoretical concept of 'work-as-done' versus 'work-as-imagined', we will discuss both experiences of accessing and using WLM within

a protocolised intervention, occurring within the current cultural context surrounding WLM, and how decisions to commence WLM are negotiated within the interactional context.

Tinkering with Weight Loss Medication: GLP-1ra, Clinical Care, and Moral Negotiations in Danish General Practice

Sissel D. Jensen

The growing use of semaglutide as a weight-loss medication in Denmark raises questions that extend beyond clinical efficacy, drawing attention to the cultural norms and moral assumptions linked to how we use medicine to lose weight. This work invites interdisciplinary discussion on how GLP-1 drugs, such as semaglutide, are reshaping everyday clinical practice. Based on insights from three months of ethnographic fieldwork conducted in three general practices in Denmark during spring 2023, I show how patients and clinicians navigate the use of GLP-1ra within the constraints of side effects, financial limitations, and moral considerations. I suggest that these clinical encounters can be seen as forms of 'tinkering'—iterative and caring practices where dosage, timing, and expectations are continuously adjusted. At the roundtable, I will highlight patients' persistent efforts to initiate and maintain access to medication, which often comes at a significant cost to patients' daily lives. I propose that these practices reflect different views on obesity and show how weight is linked to stigma, fear, and anxiety that surround body weight in contemporary societies. Furthermore, I explore how clinicians manage patients' high expectations and how they evaluate the "right" motives and methods for weight loss, revealing moral choices behind medical decisions. I encourage participants to reflect on how GLP-1 treatment creates new moral and medical norms and what roles healthcare professionals embody in either mediating, reinforcing or challenging these dynamics.

From "Ozempic is my best friend" to "Ozempic made me do a bariatric": Experiences of Brazilian fat women with GLP-1 agonists.

Fernanda Scagliusi

Fatness is medicalized in Brazil, being considered an epidemic disease. Meanwhile, thinness is the core of the beauty standard to Brazilian women. Given that, Brazil has been a large consumer of weight-loss drugs, including amphetamine-like. The new generation of weight loss drugs – the GLP-1 agonists – are now being used by many people. Nonetheless, there is no research – in Brazil or in another country – describing the users' experiences with these drugs. Thus, in this participation, I will present data regarding the social experiences of Brazilian women with GLP-1 agonists. Sixteen adult fat women, either previous or current users of GLP-1 agonist, were interviewed online. The interviews transcripts were analyzed through content analysis. Seven themes described their experiences: 1) I loved losing weight; 2) I was vaccinated against hunger and got in the slimming mindset; 3) I ate what I wanted, in the quantity that I could handle; 4) I felt like a failure for having to use this drug; 5) I lost weight due to the drug, but I did changes too; 6) I suffered a lot when I stopped using the drug, due to the rebound effect of hunger and weight gain and; 7) I suffered a lot with the side effects. Although

experiences varied greatly, these drugs promoted a new process of weight loss, while rebuilding morals, individual responsibilities, joys and sufferings.

Dear Science': How the weaponisation of nutrition science tools serve commercial markets of weight loss injectables

Megan Warin, Andrea Bombak:

Emerging in the context of social media platforms, high commercial demands for GLP-1 agonists, and the uberfication of these drugs to your door, is the discourse of 'food noise'. Talk of food chatter and head hunger has circulated on Tik Tok and Instagram for some time, and is described as constant, intrusive thoughts about food. Exploiting a commercial opportunity in the service of anti-weight stigma, online companies like Juniper in Australia have leveraged online sales of GLP-1 agonists as the answer to silencing food noise. Juniper states that constantly having food on your mind can be a significant roadblock to weight health, and weight loss injectables can cut the 'feelings of being hungry'. Seeking medical legitimation, food noise has now entered the scientific lexicon, described as 'a real biological issue' in nutritional science research, and recently trialled and validated via a universal psychometric food noise questionnaire (funded by WeightWatchers). In this paper we discuss the 'discovery' of food noise via Katherine McKittrick's concept of recursivity, and how this compilation of technologies and tools profit pharmaceutical commercialisation, and in doing so, invisibilise hungers, promote 'faux [gendered] empowerment' and reproduce weight stigma.

How will the availability of GLP-1 drugs shift weight management norms and influence weight stigma?

Oli Williams

"With GLP-1 drugs becoming more widely available the norms of weight management are shifting in significant, but as yet unstudied, ways. Of particular importance is how the availability and widespread use of GLP-1 drugs will inform and mutate weight stigma and influence inequalities. Previously, overly simplistic understandings of managing weight through lifestyle (e.g., diet and physical activity) supported the commonly held belief that being 'fat' is avoidable and unacceptable. How will the predicted ubiquity of GLP-1 drug use in the future inform this notion of acceptability and will this expand or reduce the experience of weight stigma? Although widely understood as a 'weight loss' drug, 'off label' use is likely to extend to the drugs appetite suppressing properties being used to maintain relatively low weights, rather than to manage pathologised weight statuses. That is, 'off label' use is liable to become an unsanctioned preventative strategy. If this is normalised, how long until it becomes medically endorsed, and what will be the consequences of extending medicalisation in this way? This roundtable presents an opportunity to explore all of these questions and more.

I am a sociologist at King's College London and my research focuses on weight-related health including 'obesity' and eating disorders, stigma, health inequalities, equitable intervention, and participatory research methods. Of particular relevance is my ethnography of weight-loss groups in a deprived neighbourhood in England. My work on

weight-related stigma has received national prizes from the British Science Association and the Arts and Humanities Research Council Medical Humanities Awards."