Episode Book

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No Addictive Personality Type, Just Shared Traits

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SYNOPSIS

Research shows there is no single addictive personality type, yet specific traits and genetics still shape who is most vulnerable. Examining the history of Purdue Pharma's OxyContin marketing alongside clinical data, this discussion unpacks how the five-part UPPS-P impulsivity model separates sensation seeking from emotional urgency. Studies on adolescent alcohol use, pathological gambling, and twin heritability reveal that while personality traits cannot predict who becomes addicted, they strongly influence who suffers the worst harms.

TRANSCRIPT



Corn

I've heard it used about a man who bought three espresso machines in a year.



Herman

That's the one. The universal explainer. Somebody can't put their phone down, somebody's on the slots, somebody's eating a fourth packet of crisps, and the same sentence arrives: oh, he's got an addictive personality.



Corn

Which is Daniel's prompt, as it happens. He wants to know whether that phrase is pointing at anything real. Is there an actual identifiable type of person who's predisposed to addiction across substances and behaviours, or is it folklore with a clinical-sounding name? And if it's not a type, what does the research say actually makes some people more vulnerable, traits, genetics, everything else.



Herman

And it's a good moment for it, because the answer has quietly matured. The expert consensus for a while was just "myth, move along," and that's still the headline, but underneath it there's a interesting picture of what vulnerability looks like when you stop hunting for a type.



Corn

The answer isn't the pop version and it isn't the debunking either. Which is annoying, because those are the two easy columns.



Herman

You'd have settled this by now if the world cooperated.



Corn

I'd have settled it by Tuesday.



Herman

So, definitions first. Pop psychology uses "addictive personality" to mean a bundle of traits, allegedly visible early, that supposedly marks a person out for addiction in general. Not just alcohol, not just heroin, everything. Gambling, internet use, compulsive shopping, eating. The whole buffet. And the reason that framing is attractive is that it feels like it explains cross-substitution, the person who quits smoking and takes up online poker.



Corn

The chain smoker who becomes a marathon runner.



Herman

The problem is the term has no diagnostic status. It's not in the DSM-5, it has no consistent definition across the people who use it, and if you ask five pop-psychology writers what traits they mean you'll get five different lists. So before we even get to evidence, the construct itself is soft.



Corn

Before we get to evidence, there's something better. The commercial history.



Herman

Oh, this is the part everyone should know. In the nineties, Purdue Pharma, marketing OxyContin, instructed its sales representatives to tell doctors that the only people at risk of addiction were those with an addictive personality. Despite internal knowledge that the drug was highly addictive and widely abused. The phrase wasn't a careless shorthand, it was a sales argument. Ian Hamilton at York put it precisely: the idea "lets them off the hook. If you're weak enough to develop a problem with our product, it's due to your personality, it's nothing to do with us."



Corn

A pill company invented a personality flaw to sell a pill.



Herman

That's the load-bearing sentence of the whole saga, yes. This was during an opioid crisis that killed over half a million Americans between nineteen ninety-nine and twenty twenty.



Corn

So when a pop-psychology phrase gets weaponised by a pharmaceutical marketing department, that tells you it was already doing a job in the culture. The blame-shifting job.



Herman

And it does that job beautifully, because it points the finger inward. Not at the substance, not at availability, not at what happened to you. At your character. Which, hold that thought, is also the argument against the label when ordinary people apply it to themselves.



Corn

Let's hold it until the end, then. First the research. Is there a type?



Herman

No. And I want to be careful, because "no" here is a real finding, not a shrug. Griffiths at Nottingham Trent, who's probably the most-cited behavioural addiction researcher in the UK, calls it a complete myth, and his reasoning is precise: for an addictive personality to exist, there'd have to be a trait that predicts addiction and addiction alone. Not risk-taking generally, not psychopathology generally. Addiction specifically. And that trait has never been found.



Corn

Because the traits people point at also predict everything from entrepreneurship to bad driving.



Herman

They predict being twenty-two, half the time. There's a French review from two thousand, in L'Encéphale, that put it about as flatly as it can be put: it is now widely admitted that the addictive personality does not exist, no one personality type is predisposed to addiction. And they had the clinical data to back it, opiate and cocaine dependent patients showing every personality type in the book, with a large minority to a majority showing no personality disorder at all.



Corn

So the clinics were full of ordinary personalities.



Herman

Full of everything. Cluster B, antisocial especially, was over-represented in the opiate group, but the authors' own read was that antisocial personality was probably over-diagnosed in addiction settings, because the lifestyle puts the diagnostic criteria on a plate. Selling drugs, lying about it, no steady job. That's the checklist. You can be diagnosed into a disorder you don't have.



Corn

The behaviour earns the label, then the label explains the behaviour.



Herman

That circularity is the field's oldest problem, and it never really goes away. A 2025 review in Genes reached the same verdict on the construct, no empirical support, absent from DSM-5, not a diagnostic entity.



Corn

Here's where I push, though. When researchers say "myth," they mean no single type. But that's not the same as "nothing." You can have no type and still have real trait correlations.



Herman

That's exactly the move the literature makes, and I was hoping you'd make it, because the flat debunking oversells. An analysis of a hundred and seventy-five studies found substance use disorders associated with high neuroticism and low conscientiousness, and behavioural addictions, internet, exercise, compulsive buying, associated with neuroticism too. So the traits aren't nothing. Griffiths himself is careful about this. His line is that neuroticism is associated with, but not predictive of, addiction.



Corn

That distinction is carrying a lot of weight.



Herman

It's the whole thing. Associated means if you survey a thousand people with substance use disorders, more of them score high on neuroticism than the general population. Predictive means you can look at a neurotic nineteen-year-old and say, that one's going to be an addict. The first is true, the second is false, and the gap between them is where the pop phrase lives and dies.



Corn

I've got the same suspicion about impulsivity. Everyone says addicts are impulsive, but impulsive is doing a lot of jobs in that sentence.



Herman

This is my favourite part of the whole literature, because the researchers actually took it apart. The UPPS-P model splits impulsivity into five separate traits, and they do different things. Sensation seeking, which is wanting novelty and intensity. Lack of premeditation, not thinking ahead. Lack of perseverance, not finishing boring things. And the two urgencies, positive and negative, which are the tendency to act rashly when you're in an intense mood, either a high one or a low one.



Corn

What's the difference between not thinking ahead and acting rashly in a good mood? Those sound like the same man.



Herman

Timing. Premeditation is what you do in a calm state, weighing a decision. Urgency is what happens when emotion floods the decision. And the split matters, because a meta-analysis of adolescent alcohol studies by Stautz and Cooper found that sensation seeking and positive urgency were the biggest predictors of how much teenagers drank, but positive and negative urgency were the biggest predictors of problematic use. Two different people, really. One drinks a lot because he likes the ride, and mostly turns out fine. One drinks specifically when he's miserable or euphoric, and that's the one who ends up in trouble.



Corn

The volume drinker versus the mood drinker.



Herman

That's a better compression than the papers manage, I'll give you that. The marijuana -analysis found the same shape. Impulsivity traits were weakly related to whether kids used at all, but the harms, the negative consequences, were specifically tied to sensation seeking, lack of planning, and positive urgency, and those associations were two or three times stronger than the use ones. So the traits aren't predicting use. They're predicting damage.



Corn

Which is what we actually care about.



Herman

Right, half the population uses something. The question was never who tries the thing.



Corn

Hold on, before we leave impulsivity. What about the people who already have the diagnosis? Does urgency predict what happens to them?



Herman

There's a -analysis on treatment outcomes. Lack of premeditation and negative urgency were both linked to worse results in substance-use psychotherapy. And notably, sensation seeking and negative urgency barely moved during treatment. You can shift behaviour, the trait itself is stickier.



Corn

So the trait's still standing there after the addiction's gone.



Herman

In the short term, at least, yes. And that feeds the big unresolved problem, the chicken and egg. Hamilton raises it directly: was it neuroticism that led the person to the drug, or did a long addiction to cocaine lower their mood? You measure personality in a treatment centre and you're measuring a person mid-illness. Some researchers argue the traits are an epiphenomenon, that the personality structure produces the appearance of addiction-proneness rather than the reverse, but that's a hypothesis, not a settled causal story. The construct's validity, as the reviews keep saying, remains controversial.



Corn

One more strand, then. If traits don't predict addiction specifically, is there at least evidence they travel across behaviours? You said gambling earlier.



Herman

The gambling evidence is the strongest card in the deck. Maclaren and colleagues, a -analysis of forty-four studies, over two thousand pathological gamblers against more than five thousand controls. Pathological gamblers showed very high negative urgency, effect size near one, high low-premeditation, high unconscientious disinhibition, elevated negative affect. But not sensation seeking, and not low perseverance.



Corn

No sensation seeking? Gamblers?



Herman

Counterintuitive, isn't it. And the kicker is the authors' own note, that the profile is similar to what a -analysis of substance use disorders found. Similar trait fingerprint, completely different behaviour. That's the best evidence anywhere for a shared vulnerability across addictions.



Corn

But a fingerprint still isn't a person.



Herman

No. It's a profile, not a type. You can describe the average gamblers-versus-controls difference with real precision, and it still tells you almost nothing about any individual gambler walking through the door, because plenty of them don't match the profile at all.



Corn

Well, we always like to hear from family. Dorothy, you're on the line.

D

Dorothy

Hello dear, it's your mother. Time for my grim fact.

D

Dorothy

In the nineteen nineties, Purdue Pharma told its sales representatives to tell doctors that only people with an addictive personality were at risk from OxyContin, and they knew all along it was highly addictive, wasn't that nice of them.

D

Dorothy

Anyway, I've made a casserole, and your laundry is still here, when are you coming to visit?



Herman

Mum, that's... yes. That's the exact story we were just telling.



Corn

Sunday. We'll come Sunday.



Herman

The Sunday is happening, apparently. Where was I. Right, so the profile carries over to genetics too, and that's the natural next question, because the obvious move from "there are traits" is "where do the traits come from." The heritability numbers are striking. Twin and adoption studies put forty to sixty percent of the variation in alcoholism and substance-related disorders down to genes, and the broader estimates cluster forty to seventy percent of individual variation in addiction risk.



Corn

That's heritability, which is not the same as "it's in your genes." Ask me how I know.



Herman

Careful.



Corn

I'm just saying, heritability is a population statistic. It tells you how much variation in an environment is genetic, and the environment in those twin studies is a particular time and place.



Herman

That's a fair qualification, and the reviews make it too. Morrow and Flagel describe addiction as arising from roughly equal genetic and environmental contributions, with the interesting detail that the environmental share is strongest in early adolescence and diminishes over time, which makes sense, genes load the gun, adolescence decides whether the environment pulls anything.



Corn

And what are the genes? Because I've read enough headlines to be suspicious of "the gene for" anything.



Herman

Your suspicion is correct and well-supported. The quote is: with a few exceptions, genetic studies have largely failed to consistently identify specific alleles that affect addiction liability. Huge effort, weak returns. The field has moved from candidate genes to polygenic scores, thousands of variants of tiny effect, and shared-architecture models. There's work this year on shared genetic variants across alcohol, cannabis and opioid use disorders, and a review confirming extensive pleiotropy, meaning the same genes influencing multiple disorders.



Corn

Which is the genetics version of the trait profile. Same fingerprint, different behaviour.



Herman

Same insight at a lower level, really. The candidate-gene work that did survive is interesting in a cautionary way. CHRNA5, for instance, is linked to reduced aversion to nicotine, probably via the habenula, blunting the negative sensory experience of early smoking. So the gene doesn't make you love nicotine, it makes your first cigarettes less unpleasant, and the absence of a warning is enough to keep you going.



Corn

That's a very small advantage compounding into a catastrophe.



Herman

All of these are small advantages compounding. CADM2, implicated in impulsivity and reward-related behaviour. DRD2 gets cited constantly and replicates messily. The 2025 Genes review frames it as partially overlapping genetic foundations across substances, differing in loci and pathways, reflecting both shared vulnerability and substance-specific influences. No villain gene anywhere.



Corn

Fine. So personality gives a profile, genetics gives a heritable share with no clean genes. What's actually left? Because addiction also has a biography. Where does the childhood sit in all this?



Herman

Front and centre, in the pop version and substantially in the data. The original ACE Study, seventeen thousand adults, adversities measured on average half a century after they occurred, found a very strong dose-response relationship between adverse childhood experiences and depression and addiction. Felitti's own language is that the study challenges as superficial the current conceptions of both.



Corn

How strong are we talking, in numbers a person can hold?



Herman

The BBC-cited figures: opiate users were two point seven times more likely to have a history of childhood abuse than non-opiate users. And people with four adverse childhood experiences were three times as likely to report alcohol problems in adulthood. Among substance-using college students, between fifty and seventy-five percent had ACE exposure, with a dose-response relationship to polysubstance use.



Corn

So far it's the trauma-explains-everything story.



Herman

Which is exactly where I want to complicate it. There's a prospective UK cohort from this year, the ALSPAC sample, nearly four thousand people followed longitudinally, looking at whether ACEs predict moderate-risk and problem gambling in young adulthood. Most ACEs did raise the odds. But the effect sizes were small, the median adjusted odds ratio was around one point four, the evidence for dose-response was weak, and the ACEs accounted for at most about eleven percent of cases.



Corn

Eleven percent. That's a big claim's collapse.



Herman

It's a genuine counterweight. Real effects, and sexual abuse showed the strongest association, but the trauma explanation covered a modest slice of the outcome. "Trauma explains everything" needs the same correction as "personality explains everything."



Corn

And it cuts both ways, doesn't it. What's the flip side of adversity in the data?



Herman

Resilience factors. A cohort of six hundred and eighteen adults looked at childhood resilience-promoting factors, caring parenting, family meals, bedtime routines, peer support, organised activities, religious attendance. Moderate numbers of those were associated with about a thirty percent reduction in risk of developing drug use disorder criteria, high numbers with about fifty percent. Family factors mattered more than community ones, and family factors were still protective among people who'd had adversities.



Corn

Family meals. That's the least glamorous protective factor in medicine.



Herman

The boring ones usually are. Bedtime routines and dinner tables beat everything the community offered in that cohort.



Corn

You were a pediatrician, Herman. Did any of this show up in front of you? The resilience side, I mean.



Herman

Constantly, and never labelled. You'd see two children from the same difficult street, and one had a grandmother who fed them at six and the other didn't, and the trajectories just... diverged. Nobody called it a resilience factor, we called it luck. The literature is mostly catching up to what clinicians noticed and couldn't name.



Corn

I want to pick up the adolescence thread, because you mentioned the environment mattering most in the teens.



Herman

Chambers and Potenza found problem and pathological gambling prevalence in adolescence and young adulthood is two to four times higher than in adulthood. And they connect it to immaturity of the frontal cortical and subcortical monoaminergic systems, which is a long way of saying the planning machinery is last to install. With the interesting evolutionary argument that adolescent impulsivity exists because it promotes learning. It's not a defect, it's a feature with a cost attached.



Corn

The trait is only a liability in a specific environment.



Herman

Homberg and colleagues made that exact point in the animal work: neither impulsivity nor anxiety are bad per se, but the increased risk of developing cocaine addiction depends on whether the behavioural traits are adaptive or maladaptive in the environment the animal is exposed to. High impulsivity in a rich environment is exploration. The same trait in an environment with a lever that dispenses cocaine becomes a trap.



Corn

The lever is the variable nobody's personality controls.



Herman

And the animal work on that variable is striking. Rats reared in isolation developed cocaine self-administration faster than group-reared rats. This year's enrichment work: long-term object-based enrichment attenuated fentanyl-seeking and protected against stress-induced reinstatement in both male and female rats, and a parallel paper mapped how enrichment attenuates heroin-induced changes in the insula, nucleus accumbens and VTA.



Corn

Which will get reported as "toys cure addiction" by Thursday.



Herman

It will, and the researchers themselves pre-empted it, because a twenty twenty-five paper trying to translate enrichment to humans notes the human relevance remains largely unknown. But the direction is consistent: same genome, different environment, different outcome.



Corn

There's one more tangle you haven't touched. If an impulsive teenager seeks out environments where the substances are, the trait creates the environment that expresses the trait.



Herman

Gene-environment correlation, yes. The personality puts you in the room with the lever, and then we argue about whether the personality or the room caused what happened next. That's partly why trait-causes-addiction stories are so hard to test, the trait and the exposure aren't independent. Which also means, to Swami's point, that when patients say "it's my genetics," the clinical history underneath often shows drinking, neglect, abuse, deprivation in the household. The genes and the environment arrive in the same family.



Corn

One thread before we pull it all together. The field keeps trying to replace "addictive personality" with something better. Has anything stuck?



Herman

The most serious attempt is the Addictions Neuroclinical Assessment from Kwako and colleagues. Instead of personality types, three functional domains, incentive salience, how much cues grab you, negative emotionality, and executive function, as the etiologic processes shared across addictive disorders, capturing much of the effect of inheritance and early exposure. It's a framework for research rather than a clinical label, but it's the same move the trait work makes. Down from the type, down to the mechanism.



Corn

So if a listener asks us the plain question, is the addictive personality real?



Herman

No. And the research never stops at no. There's a heritable share of about half, a set of traits that raise the odds of problems rather than use, a childhood that can tilt the board in either direction, and a substance that does what its pharmacology says it does regardless of anyone's character.



Corn

The whole picture is less like a personality and more like a lottery with several draws.



Herman

Several draws on the same ticket.



Hilbert

My cousin Ronald spent about fifteen years telling everyone he had an addictive personality. Cigarettes, a bad six months on the dogs, a diet he never finished. He had it laminated, near enough. There was a magazine quiz, "Do You Have an Addictive Personality," photocopied off some Sunday supplement in the nineties, and he carried the thing in his wallet. Showed it to a nurse once at a travel clinic, asked her to note it on his file.



Corn

The nurse noted it?



Hilbert

She asked him to put it away and get his sleeve down. That was the whole consultation. But that's not the part. The part is the quiz worked as a pass. He'd say it flat, "I can't help it, it's my personality," and that meant he never actually tried to stop anything, all those years. Then his daughter got pregnant and he gave up smoking overnight, cold, no patches. Told everyone at the christening he'd never had an addictive personality. Same wallet, by the way. There's a photo of her in the window now where the quiz used to sit.



Herman

He kept the quiz.



Hilbert

Initially. I took the same quiz at his kitchen table once, out of politeness, scored high risk, and I have not trusted myself around liquorice since. The black continental kind, I go through about four hundred grams a month of it. I have never had a reason I can state.



Corn

The label didn't survive contact with the granddaughter, but the liquorice stands.



Hilbert

Herman, you'll be pleased, he also quit the dogs, and I'm told the exact afternoon. A Saturday in March, bang on two o'clock, he'd been due at the shop. He went to the christening fitting instead. Ronald could not tell you his own postcode but that time he remembers to the hour.



Corn

It's the vocabulary I keep circling back to. Everything Ronald did with that quiz, the researchers described a decade later without ever meeting him.



Herman

Griffiths' line is the sharpest thing anyone's said about the label: when someone says "I've got an addictive personality," what they're actually saying is "I can never be cured." Hamilton's version is that the idea robs you of any hope, it says this is the trajectory you have to go down and you have no control over it.



Corn

And it said the same thing on behalf of a pill company. That's what I can't get past. The fatalism was useful to exactly the parties who benefited from nobody looking at the product.



Herman

Swami closes the loop the way we should: addictions are highly complex biological, psychological, social illnesses, just like every other illness on the planet. Everyone is looking for a simple answer, but there isn't one.



Corn

The open questions are still sitting there, too. Whether the traits are causes, consequences or correlates is unresolved. Whether the rat enrichment work translates to people is explicitly unknown. The genetics has moved to polygenic scores, and the clinical picture is still a profile.



Herman

A profile and a life, overlapping. That's the state of it.



Corn

One thought to leave with, and Ronald's wallet is what makes it concrete for me. A label that dissolves the moment something in the environment changes, a grandchild, a Saturday, was never a diagnosis in the first place. It was a waiting posture.



Herman

And the field is slowly building the vocabulary to say what it actually sees. Producing this one, as ever, was Hilbert Flumingtop. If you enjoyed this one, try episode twelve, The AI Breakthrough; episode ninety-one, The Story Behind the Show; and episode nineteen, AI Images. This has been My Weird Prompts. If the show's been landing for you, a review wherever you listen helps other people find us.



Corn

We'll be back soon. Until then, stay curious, and be suspicious of any quiz that fits in a wallet.

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