Addiction

Family Transitions and Changes in Drinking from Adolescence through Midlife

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ABSTRACT

Aims: The present study examines how changes in social roles, particularly in the family, predict fluctuations in alcohol consumption from ages 16 to 50.

Design: Longitudinal data come from the National Child Development Study, an ongoing nationally representative birth cohort study.

Setting: The birth cohort includes 99% of British infants born in one week in 1958.

Participants: After initial assessment of 17,415 infants, the cohort was subsequently interviewed at ages 7, 11, 16, 23, 33, 42, 46, and 50. This study uses the six most recent waves of data collection ($n = 7,212$ women and 7,377 men).

Measurement. Alcohol use (i.e., quantity consumed in past week and heavy-daily drinking), symptoms of problem drinking (i.e., CAGE), and social roles (i.e., union formation and dissolution, parenthood, and employment status).

Findings: Alcohol use is significantly ($p < .05$) lower when women and men are married or cohabiting than when they are single or divorced. Parenthood also coincides with significantly lower alcohol use ($p < .05$), especially when respondents are residing with young children (i.e., ages 4 and under). When women and men are married, working, and residing with young children, past week alcohol use, heavy-daily drinking, and CAGE are lower compared to occasions when they are not in these roles ($p < .05$).

Conclusions: Family transitions across ages 16 to 50 are associated with rises and falls in alcohol consumption and problem drinking. From adolescence to midlife, women and men are most at risk for problem drinking when family roles are absent.

Family Transitions and Changes in Drinking from Adolescence through Midlife

As young adults move into their mid-20s and beyond, a normative developmental pattern is to mature out of heavy alcohol use (1-4). This discontinuity co-occurs alongside the adoption of adult social roles, such as cohabitation, marriage, parenthood, and work (5-10). Although research examining links between social roles and alcohol use has a long history, important gaps in knowledge remain. It is unclear, for instance, whether changes in the roles themselves are associated with changes in alcohol use, or whether background factors explain observed co-occurrences. In addition, we know little about how social roles and alcohol use are related during midlife, as prior research has focused on early adulthood. Finally, little research has considered the influence of diverse family roles and combinations of roles (i.e., marriage and parenthood) in altering alcohol use over long periods of time. Thus, the present study examines how social role transitions, particularly in the family, predict changes in alcohol use from adolescence (age 16) to midlife (age 50).

Background

The transition to adulthood is marked by the onset of family roles such as intimate cohabitation, marriage, and parenthood, as well as the completion of school and the acquisition of work. These transitions may have important consequences for alcohol use and misuse. Several theoretical perspectives, including role incompatibility theory (11), routine activities theory (12) and age-graded social control theory (13) posit that women and men reduce alcohol consumption when they transition into adult roles because heavy drinking conflicts with success in these roles. The attainment of adult social roles, particularly union formation and parenthood, also limits unstructured leisure activities with friends and provides norms against immoderate drinking, leading

to reductions in alcohol use. These perspectives lead to the *social role hypothesis*, which suggests that proximal or concurrent social roles during adulthood impact alcohol use (11-13).

Extant research, mostly on young adults, provides support for the social role hypothesis. For instance, research documents a strong positive association between college attendance (or, a "student" role) and heavy alcohol use (6,10). In addition, family role transitions, such as engagement, marriage, pregnancy, and parenthood, are associated with reductions in alcohol use (5,6,10,14,15). These associations may occur because family responsibilities "crowd out" heavy alcohol consumption (5). Indeed, divorce and separation—or transitions out of family roles—are associated with increases in drinking (5,6,10). Some studies have also shown a negative relationship between heavy alcohol use and employment (16,17).

Certain family social roles may have a stronger association with alcohol use than others. For instance, although research has linked both cohabitation and marriage to less alcohol use (18), marriage appears more closely linked to alcohol use than cohabitation. Marriage is a clearly defined legal relationship whereas cohabitation can be a more ambiguous status whose meaning and strength of commitment varies across couples and contexts (19). In addition, the meaning and demands of parenthood change as children develop. Younger children require more time investment than older children (20), and therefore the association between parenthood and alcohol use may depend on the age of the children. Thus, family roles and alcohol use are linked, but the strength of associations may vary by the type of family role.

Although substantial research documents links between family roles and alcohol use (supporting the *social role hypothesis*), this association may vary by gender. For instance, prior research has linked the transition to cohabitation (18) and to marriage and parenthood (21) to reduced binge drinking and drinking frequency, respectively, for women, but not men. Although

by no means universal, these findings suggest that links between family roles and alcohol use

may differ by gender.

An alternative explanation for the association between social roles and alcohol use is selection.

According to the *role selection hypothesis,* contextual and individual background characteristics

determine both social roles in adulthood and alcohol consumption (11). In line with this

proposition, difficult-to-measure risk factors often predict both the timing and stability of adult

role acquisition as well as alcohol use. In childhood and adolescence, for instance, conduct

problems, school failure, and parental alcoholism increase the long-term risk of alcohol misuse

(22-24), as well as intimate relationship difficulties (25,26). Thus, a myriad of childhood and

adolescent background factors may influence success in adult family roles and alcohol misuse.

Not adequately controlling for selection factors increases the risk of overestimating the impact of

adult social roles on alcohol use.

The Current Study

Using longitudinal data from the National Child Development Study, the current study

examines whether changes in family roles from adolescence through midlife predict variation in

alcohol use and misuse. We contribute to the literature in five primary ways. First, we examine

changes in alcohol use over a 34-year period (from ages 16 to 50), whereas the majority of

research has focused on a much shorter evaluation period in adolescence or young adulthood.

Second, we consider an extensive set of family roles, and role combinations, in order to

determine the relative influence of each role in contributing to alcohol use. Third, we include

several time-varying measures of drinking, including the quantity of alcohol consumption (i.e.,

units in past week), as well as measures of more problematic drinking, such as heavy-daily

drinking (i.e., 2 or more units per day for women and 3 or more for men), and CAGE symptoms

(1 or more symptoms for women; 2 or more for men). Fourth, we use fixed-effects regression

models to control statistically for time-stable factors that might affect individuals' social role

attainments, and their drinking behavior, from ages 16 to 50 (27,28). This methodological

approach allows us to assess whether between-person selection influences are accounting for the

relationship between social roles and alcohol use. Last, given documented gender differences in

alcohol use and in the timing and sequencing of adult role transitions (1,29,30), as well as

previous research documenting gender differences in links between family roles and alcohol use

(18,21), we consider whether associations differ for women and men.

Method

Data

We use data from The National Child Development Study (NCDS), an ongoing birth cohort

study that sampled all British infants born in one week in 1958 (31). After initial assessment of

17,415 infants (99% of births), the cohort was subsequently interviewed at ages 7, 11, 16, 23, 33,

42, 46, and 50. The current study uses data from the six most recent waves of data collection (*N*

= 7,212 women and 7,377 men). The sample represents the general population born in 1958 in

Britain both in terms of socioeconomic diversity and ethnic/racial homogeneity (i.e., 95% White)

(32,33).

Retention has been relatively high for a national longitudinal study lasting over 50 years

(ranging from 76% at age 23 to 62% at age 50, excluding those lost through death or migration).

Overall, males and respondents from disadvantaged backgrounds were less likely to be retained

(34-36). However, research suggests that these differences in nonresponse are small and have

little effect on substantive results (33,34,37). Furthermore, adult drinking frequency is not linked

to survey retention (38).

Measures

We measured alcohol use and social roles from ages 16 to 50. Unless noted otherwise, the

measures listed below were assessed at all six waves.

Alcohol use. Based on available data, we created three indicators of alcohol use and misuse:

1) Units of alcohol consumed in the past week. Participants who reported drinking in the past

week were asked how many units they had consumed during that time (note that at age 46

respondents reported units in an "average week"), from which units were summed. One unit

equaled ½ pint of beer, a small glass of wine, or a standard pub measure of spirits (25 ml). Those

who did not drink in the past week were assigned a zero, and the range was restricted from 0 to

15 or more units. We omitted information on units from age 42 due to inconsistent coding as a

result of interviewer error (39). 2) Heavy-daily drinking. Because the unit measure assesses

quantity but not frequency, we also created a measure of heavy-daily drinking. At ages 23, 33,

46, and 50, a dichotomous variable distinguished women who averaged 2 or more units each day

in the prior week (coded 1) from those who drank less or not at all (coded 0). For men, this

variable was coded "1" if they had consumed 3 or more units each day in the past week.

(Frequency of past week drinking was not assessed at age 16.) 3) CAGE. Problem drinking was

also assessed at ages 33 and 42 with the CAGE, a pre-diagnostic screening tool for alcohol

dependence which measures past year incidence of 4 types of problems due to alcohol use (e.g.,

felt you should cut down) (40,41). To maximize predictive power for identifying harmful

drinking, we used a cut-point of 1 or more of the 4 CAGE items as a marker of potential

problems with alcohol for women and a cut-point of 2 or more for men (42,43). Finally, because

lifetime abstention was very uncommon (about 1% of respondents), analyses include abstainers.

Family roles. Marital status at each wave was measured with a categorical variable indicating whether the respondent was single, married, separated, divorced, or widowed. Divorce and separation were hypothesized to have similar effects on alcohol use, so they were combined. Widowhood was rare, so we combined widowed with separated and divorced. We then combined marital status with information about cohabitation to create five mutually exclusive dummy variables (1=in role; 0=not in role) to indicate partnership status (single and not cohabiting; single and cohabiting; married; separated, widowed, or divorced and cohabiting; separated, widowed, or divorced and not cohabiting). Using information collected from a household roster of each respondent, we assessed whether the respondent was residing with any biological, adoptive, or step children, and if so, the ages of these children. We used this information to create three dummy variables indicating whether the respondent was currently residing with a child (or children): under age 5; from ages 5 to 16; or from ages 17 to 21 (each coded 1=yes; 0=no). These parenthood variables were compared to occasions when respondents were not residing with (a) child(ren).

Work roles. Because studies have found a link between alcohol use and work (21,24), our models controlled for employment status at each wave (coded 1=employed; 0=not employed).

Results

Table 1 displays descriptive statistics for alcohol use and social roles by gender and age. Results demonstrate that past week alcohol units and heavy-daily drinking (i.e., 2+ units daily for women and 3+ for men) varied considerably with respondents' age (see Table 1). For instance, alcohol consumption increased from ages 16 to 23 and then declined by age 33. However,

alcohol consumption (both past week units and heavy-daily drinking) increased in midlife (ages

46 and 50). The percentage of women and men with CAGE symptoms was similar at ages 33 and

42.

[Table 1 here]

These age-related changes in alcohol use coincided with dramatic changes in family roles.

For instance, 99% of cohort members were single and not cohabiting at age 16, compared to only

6% of women and 8% of men at age 50. The prevalence of marriage rose from 54% at age 23 to

72% a decade later for women (for men, the prevalence rose from 35% to 69%), and then

remained relatively stable for both women and men. Rates of being divorced, separated, or

widowed increased steadily from age 23 to 50. In addition, as respondents aged, they were more

likely to be parents. For instance, by age 23, 30% of women and 16% of men were residing with

at least one child who was aged 4 or under. By age 33, 40% of women and 41% of men were

residing with a young child, and 59% and 39% of women and men, respectively, were residing

with a child ages 5 to 16. By age 50, approximately one third of women and men were residing

with a child ages 17 to 21. Finally, approximately one half of respondents were employed at age

16. Employment was then very prevalent across adulthood, particularly among men: for

example, approximately 90% of men were employed at each wave from age 33 to age 50.

Employment among women increased from 68% to 81% over the same period.

In Table 2, we used fixed-effects models to demonstrate how within-person changes in social

roles are associated with within-person changes in past week units of alcohol use (square-root

transformed to reduce positive skew) from ages 16 to 50 (44). Given that alcohol use and the

amount of time spent in each family role varied by gender, we estimated the models in Table 2

separately for women and men. Using the "xtreg, fe" command in STATA (45), coefficients for

each social role capture within-person across-time changes in alcohol use as a function of changes in social roles. By comparing individuals to themselves across occasions, these models also – by design – statistically control for time-stable factors related to role transitions and alcohol use in adulthood. As shown in Table 2, when women and men were single and not cohabiting they consumed more units of alcohol than when they were in any other relationship category (e.g., married, cohabiting, or divorced [with and without cohabitation]). In addition, changes in parenthood were linked with changes in units of alcohol, but this association depended on the child's age. When women and men resided with young children (i.e., under age 5), they consumed fewer units of alcohol, relative to not residing with any children. Residing with school-aged children (i.e., ages 5 to 16) was also associated with reduced alcohol consumption, but the link was not as strong. Residing with older children (ages 17 to 21) had little association with women's alcohol use, whereas for men the link was positive, that is, their use was higher when older children resided in the household. Alcohol consumption was also higher when respondents were employed. These results are independent of the curvilinear effects of age.

[Table 2 here]

In Table 3, we examine associations between social roles and problem drinking separately for women and men. A similar pattern of results was observed for heavy-daily drinking as for past week units of alcohol. Women were more likely to drink 2 or more units daily and men more likely to drink 3 or more units daily when they were single and not cohabiting and less likely when they were single and cohabiting, married, or divorced and not cohabiting. Heavy-daily drinking was less likely when respondents resided with young children. Women, but not men, also were less likely to drink heavily when they resided with school-aged children (i.e., ages 5 to

16). Residing with older children was not related to changes in heavy-daily drinking. Both

women and men were more likely to be heavy-daily drinkers when they were employed. In

supplemental analyses (not shown but available from the first author upon request) the odds of

daily drinking did not vary between periods of full-time versus part-time work ($p > .05$). Age had

a curvilinear trend across adulthood, with a decline from ages 23 to 33 and then an increase at

later ages. Results in Table 3 also show how social roles changes were related to CAGE

symptoms. Changes in union formation and work had little associations with CAGE. However,

women and men were less likely to report experiencing CAGE symptoms when they resided

with young children.

[Table 3 here]

Finally, we considered the effects of *multiple* role statuses on alcohol use, particularly related

to roles that had the most robust links in Tables 2 and 3 (i.e., marriage, work, and young

children). We first created a set of dummy variables assessing at each wave whether women and

men were employed, residing with a child or children under age 5, and married. The most

common combination of roles for respondents was marriage and work only (i.e., no young

children), which occurred on 34% of occasions across ages 16 to 50. On 5% of occasions women

held all three roles (12% for men), whereas women and men were absent all three roles on 12%

and 14%, respectively, of the data collection waves. Table 4 then shows fixed-effects estimates

predicting how changes in these role combinations predicted changes in past week units, heavy-

daily drinking, and CAGE, separately for women and men. Alcohol consumption and problem

drinking (i.e., heavy-daily and CAGE) was lower when respondents were engaged in all three

roles (i.e., married, residing with a young child, and employed), compared to when they were not

in any of these roles. The combination of marriage and the parenting of a young child was associated similarly with reduced alcohol consumption and problem drinking.

[Table 4 here]

Discussion

Results suggest that alcohol use from ages 16 to 50 rises and falls in tandem with changes in union formation and dissolution as well as parenthood, lending support to the social role hypothesis. Even when tested in models that simultaneously examine multiple combinations of adult roles, as well as control for role selection influences and work status, family roles appear to have unique or independent links with alcohol use. These results in a national British sample followed from adolescence into midlife significantly extend yet are consistent with previous work in the United States based on young adult samples (5,6,10,12).

Though we do not address the *mechanisms* through which family roles influence alcohol use, there are many plausible reasons for these associations. We find, for instance, that union formation is associated with less units consumed and a lower likelihood of heavy-daily drinking, perhaps because significant others provide monitoring and sanctioning of alcohol use. Alternatively, adult social role demands may reduce the number of evenings that individuals choose or are able to socialize with friends, leading to less alcohol use (5). Although both cohabitation and marriage were associated with less drinking, links with marriage were more pronounced. This difference may result from marriage being a more clearly defined social and legal role, whereas the meaning and status of cohabitation is more variable between persons and across development (46). Residing with a young child was also associated with declines in quantity of alcohol consumption, heavy-daily drinking, and CAGE symptoms, though men in

particular showed a slight increase in alcohol consumption when they resided with older children (i.e., ages 17 to 21).

The current study focused on one cohort of adults in Britain, and the extent to which results generalize to younger cohorts or individuals in other countries is unknown. Future research should examine these linkages among a longitudinal sample of middle-aged or older adults in other Western countries. Regarding the age of the cohort, it is possible that patterns will differ for more recent-born cohorts, for example if norms have changed about drinking and family role responsibilities (47). In addition, although prior research on has shown that student status predicts drinking during the early 20s, we did not explore the impact of being a student as full-time education was rare in this sample after age 23. Education may be more important for recent cohorts given increasing rates of college attendance and the increasing age of post-secondary students. The ages at marriage and parenthood have also increased historically, resulting in many individuals remaining single and/or childless through early adulthood and much of midlife (48). It is possible that these cohort differences and increased diversity of paths with respect to adult social role attainment will affect life course trajectories of alcohol consumption.

In addition, we highlight several limitations of the current study. First, the present study lacks consistent longitudinal information on partners' alcohol use. Prior research suggests that husbands' alcohol use at the time of marriage influences wives' alcohol use a year later (49) and drinking decreases among women who divorce a problem drinker (50). Thus, future research should explore how social role transitions and partners' drinking jointly influence individuals' drinking behavior. Second, the relatively long time-lags between waves interfere with establishing temporal precedence between social roles and alcohol use. Though the alcohol measures captured the most recent week, and theoretically we expected social roles to influence

alcohol use, more fine-grained (e.g., monthly) data on social role changes and substance use and other problem behaviors (51) could be used to more firmly establish temporal if not causal relationships between social role change and alcohol use in adulthood.

Whereas most studies on alcohol use focus on adolescents and young adults, our study shows how changes in multiple social role statuses up to age 50 are linked to the quantity of alcohol consumption and problem drinking. Though the quantity of alcohol consumption increases in adolescence and then declines normatively from the twenties to the early thirties, it increased again in midlife in this cohort, in parallel with historical increases in alcohol consumption in the general population (52,53). Findings here suggest that efforts to reduce harmful alcohol use should include adults in midlife, particularly those who are not residing with a partner or young children.

Acknowledgments

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Table 1. Descriptive Statistics by Gender and Age

Women	Age 16	Age 23	Age 33	Age 42	Age 46	Age 50
Alcohol Use						
Past week units (sd)	1.4 (2.1)	4.5 (5.5)	3.6 (5)	na	5 (5.2)	4.8 (5.3)
2+ units daily	na	9%	6%	na	15%	15%
1+ CAGE symptoms	na	na	14%	16%	na	na
Social Roles						
Union formation						
Single and cohabiting	1%	6%	4%	3%	4%	3%
Married	1%	54%	72%	71%	70%	68%
Divorced/cohabiting	0%	1%	5%	5%	6%	7%
Divorced/not cohabiting	0%	4%	8%	13%	13%	15%
Single and not cohabiting	99%	35%	10%	7%	6%	6%
Child(ren) in household						
Child under age 5	1%	30%	40%	10%	2%	0%
Child ages 5 to 16	0%	7%	59%	66%	46%	24%
Child ages 17 to 21	0%	0%	1%	29%	40%	31%
Work *(vs. not employed)*	49%	64%	68%	79%	83%	81%

Men	Age 16	Age 23	Age 33	Age 42	Age 46	Age 50
Alcohol Use						
Past week units	2.9 (3.5)	10.1 (6.1)	8.4 (6.5)	na	8.4 (5.9)	8.3 (6.3)
3+ units daily	na	28%	15%	na	20%	20%
2+ CAGE symptoms	na	na	10%	10%	na	na
Social Roles						
Union formation						
Single and cohabiting	0%	5%	6%	5%	5%	4%
Married	0%	35%	69%	71%	72%	70%
Divorced/cohabiting	0%	0%	4%	5%	6%	7%
Divorced/not cohabiting	0%	2%	5%	10%	9%	11%
Single and not cohabiting	100%	58%	15%	10%	8%	8%
Child(ren) in household						
Child under age 5	0%	16%	41%	15%	5%	3%
Child ages 5 to 16	0%	2%	39%	60%	48%	31%
Child ages 17 to 21	0%	0%	1%	16%	32%	30%
Work *(vs. not employed)*	51%	83%	91%	91%	92%	89%

Note. na=not assessed in the wave; sd=standard deviation

Table 2. Fixed-Effects Models of Social Role Changes on Past Week Units of Alcohol by Gender

	Women		Men	
Union formation	Est	CI (95%)	Est	CI (95%)
Single and cohabiting	-.13 *	[-.25 - -.02]	-.20 ***	[-.31 - -.09]
Married	-.38 ***	[-.45 - -.30]	-.30 ***	[-.37 - -.22]
Divorced/cohabiting	-.13 *	[-.26 - -.01]	-.18 **	[-.31 - -.05]
Divorced/not cohabiting	-.29 ***	[-.40 - -.19]	-.22 ***	[-.34 - -.11]
Single and not cohabiting	reference category		reference category	
Child(ren) in household				
Child under age 5	-.38 ***	[-.43 - -.32]	-.29 ***	[-.36 - -.23]
Child ages 5 to 16	-.08 ***	[-.12 - -.04]	-.15 ***	[-.19 - -.10]
Child ages 17 to 21	-.03	[-.08 - .02]	.06 *	[.00 - .12]
No child(ren) residing in household	reference category		reference category	
Work *(vs. not employed)*	.15 ***	[.11 - .20]	.21 ***	[.15 - .27]
Age				
Age 16	reference category		reference category	
Age 23	1.08 ***	[1.01 - 1.15]	1.74 ***	[1.69 - 1.80]
Age 33	.99 ***	[.90 - 1.08]	1.55 ***	[1.47 - 1.64]
Age 42	not assessed		not assessed	
Age 46	1.34 ***	[1.24 - 1.43]	1.58 ***	[1.49 - 1.67]
Age 50	1.23 ***	[1.13 - 1.32]	1.48 ***	[1.39 - 1.58]
Intercept	.64 ***	[.60 - .68]	1.05 ***	[1.00 - 1.10]
N (person waves)	7,212 (25,660)		7,377 (25,184)	

Note. *** $p < .001$; ** $p < .01$; * $p < .05$

Table 3. Fixed-Effects Logistic Models of Heavy Daily Alcohol Use and CAGE by Gende

Women	2+ units daily		1+ CAGE symptoms	
Union formation	OR	CI (95%)	OR	CI (95%)
Single and cohabiting	.65 *	[.46 - .91]	1.05	[.58 - 1.93]
Married	.55 ***	[.41 - .72]	.69	[.33 - 1.45]
Divorced/cohabiting	.78	[.51 - 1.19]	.94	[.39 - 2.29]
Divorced/not cohabiting	.63 *	[.44 - .91]	.95	[.41 - 2.20]
Single and not cohabiting	reference category		reference category	
Child(ren) in household				
Child under age 5	.47 ***	[.36 - .62]	.66 **	[.50 - .87]
Child ages 5 to 16	.72 ***	[.61 - .86]	1.25	[.95 - 1.64]
Child ages 17 to 21	1.03	[.84 - 1.26]	1.09	[.77 - 1.55]
No child(ren) residing in household	reference category		reference category	
Work *(vs. not employed)*	1.30 *	[1.05 - 1.61]	1.22	[.92 - 1.62]
Age				
Age 23	reference category		not assessed	
Age 33	.92	[.74 - 1.14]	reference category	
Age 42	not assessed		1.15	[.95 - 1.39]
Age 46	3.05 ***	[2.43 - 3.84]	not assessed	
Age 50	2.79 ***	[2.24 - 3.48]	not assessed	
N (person waves)	1,328 (4,759)		772 (1,544)	

Men	3+ units daily		2+ CAGE symptoms	
Union formation	OR	CI (95%)	OR	CI (95%)
Single and cohabiting	.38 ***	[.28 - .51]	.86	[.38 - 1.94]
Married	.42 ***	[.34 - .52]	.80	[.39 - 1.65]
Divorced/cohabiting	.67 *	[.47 - .95]	.91	[.35 - 2.36]
Divorced/not cohabiting	.56 ***	[.42 - .75]	.78	[.33 - 1.84]
Single and not cohabiting	reference category		reference category	
Child(ren) in household				
Child under age 5	.64 ***	[.53 - .77]	.69 *	[.51 - .94]
Child ages 5 to 16	.91	[.79 - 1.04]	.81	[.59 - 1.10]
Child ages 17 to 21	.95	[.79 - 1.13]	1.19	[.78 - 1.83]
No child(ren) residing in household	reference category		reference category	
Work *(vs. not employed)*	1.29 *	[1.05 - 1.58]	.96	[.57 - 1.59]
Age				
Age 23	reference category		not assessed	
Age 33	.49 ***	[.41 - .57]	reference category	
Age 42	not assessed		1.03	[.83 - 1.27]
Age 46	.74 **	[.61 - .89]	not assessed	
Age 50	.80 *	[.67 - .96]	not assessed	
N (person waves)	2,058 (7,085)		546 (1,092)	

Note. *** *p* < .001; ** *p* < .01; * *p* < .05

Table 4. Fixed-Effects Models of Social Role Combinations on Alcohol Use by Gender

Women	Past week units		2+ units daily		1+ CAGE symptoms		% waves in
Role combinations	Est	CI (95%)	OR	CI (95%)	OR	CI (95%)	roles
Work only	.15 ***	[.08 - .21]	1.20	[.84 - 1.71]	.89	[.51 - 1.55]	29.4%
Young child (i.e., under age 5) only	-.29 ***	[-.44 - -.14]	.80	[.40 - 1.59]	.57	[.25 - 1.30]	1.7%
Young child & work	-.09	[-.30 - .12]	.98	[.47 - 2.06]	.58	[.26 - 1.32]	0.8%
Married only	-.27 ***	[-.37 - -.18]	.76	[.49 - 1.19]	.52	[.27 - 1.00]	7.3%
Married & work	-.07	[-.15 - .01]	.85	[.59 - 1.22]	.72	[.40 - 1.29]	34.3%
Married & young child	-.64 ***	[-.73 - -.55]	.19 ***	[.11 - .31]	.34 **	[.17 - .67]	8.9%
Married, young child, & work	-.51 ***	[-.61 - -.41]	.49 **	[.30 - .79]	.44 *	[.23 - .83]	5.2%
None	reference category		reference category		reference category		12.0%
N (person waves)	7,212 (25,660)		1,328 (4,759)		774 (1,548)		

Men	Past week units		3+ units daily		2+ CAGE symptoms		% waves in
Role combinations	Est	CI (95%)	OR	CI (95%)	OR	CI (95%)	roles
Work only	.19 ***	[.12 - .26]	1.30 *	[1.01 - 1.68]	.55	[.27 - 1.10]	34.9%
Young child only	-.60 **	[-.98 - -.22]	.22 *	[.06 - .82]	.55	[.14 - 2.21]	0.3%
Young child & work	-.14	[-.34 - .06]	.44 **	[.24 - .81]	1.26	[.43 - 3.73]	0.9%
Married only	-.35 ***	[-.50 - -.20]	.58 *	[.38 - .89]	.42	[.16 - 1.09]	2.4%
Married & work	-.02	[-.11 - .06]	.72 *	[.55 - .95]	.62	[.30 - 1.30]	34.4%
Married & young child	-.51 ***	[-.72 - -.30]	.40 **	[.22 - .74]	.09 *	[.01 - .82]	1.1%
Married, young child, & work	-.34 ***	[-.44 - -.25]	.47 ***	[.35 - .64]	.39 *	[.18 - .82]	11.8%
None	reference category		reference category		reference category		14.2%
N (person waves)	7,377 (25,184)		2,058 (7,086)		546 (1,092)		

Note. Non-linear effects of age not shown; *** $p < .001$; ** $p < .01$; * $p < .05$