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Gender and age differences in the associations between family social roles and excessive alcohol use

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Introduction

Excessive alcohol use is responsible for considerable morbidity and mortality in the US, posing acute threats to health (e.g., via motor vehicle accidents, alcohol toxicity) and increased likelihood of long-term negative health outcomes (e.g., heart disease, numerous cancers, liver disease), totaling 88,000 deaths and 2.3 million years of potential life lost annually (Stahre et al., 2014). Excessive use can be both acute (e.g., binge drinking) and chronic (e.g., average weekly use that exceeds recommended limits); both types of excessive use are associated with serious negative health outcomes across adulthood (e.g., Stahre et al., 2014). Importantly, acute harms including injury and sexual assault (White and Hingson, 2013) and negative long-term health consequences including increased risk of cancer (Connor, 2016; Jayasekara et al., 2016) and alcohol use disorder (e.g., Chassin et al., 2002), are found even at relatively low levels of alcohol use. Women engage in lower levels of excessive alcohol use but suffer greater alcohol-related consequences at lower levels of consumption (NIAAA, 2004), although these gaps have begun to shrink (Cheng et al., 2016; Erol and Karpyak, 2015; Gruzca et al., 2018; Keyes et al., 2011). The current study examines how links of familial social roles with chronic and acute excessive alcohol use differ across adulthood, as well as how associations may differ by gender.

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A large body of research demonstrates that familial social roles are inversely associated with acute and chronic excessive alcohol use. That is, marriage and parenthood predict consuming fewer drinks per week (Christie-Mizell et al., 2009; Staff et al., 2014), reduced odds of binge drinking (Chilcoat and Breslau, 1996; Duncan et al., 2006; Lee and Sher, 2017; Gotham et al., 1997; Power et al., 1999; Schulenberg, 1996; Staff et al., 2010), and greater odds of alcohol cessation (Dawson et al., 2013). Multiple mechanisms may underlie observed associations, including adult social roles increasing informal social control (Elder, 1985; Sampson and Laub, 1992), provision of social support (Cohen and Willis, 1985; Thoits, 2011), and responsibilities to others. Although reverse causality is possible, that is, chronic heavy alcohol use may presage the end of partnership and parenting roles, prospective research that accounts for unobserved differences between groups has suggested that familial social role status precedes changes in excessive alcohol use (Green et al., 2010; Jang et al., 2018; Staff et al., 2014).

Life course and social role theories suggest that the timing of familial social roles is an important factor in how these roles may influence health outcomes (Ben-Schlomo and Kuh, 2002; Elder, 1985; Sampson and Laub, 1992). For instance, the impact of marriage, getting divorced, or becoming a parent on health behaviors or health immediately after high school versus in midlife may be very different. Despite the qualitatively different meanings of marriage and parenthood across adulthood, studies often focus on a specific age or assume that associations of social roles with alcohol use are uniform across adulthood (e.g., Christie-Mizell and Peralta, 2009; Duncan et al., 2006; Power et al., 2009), mostly due to limitations in sample size or statistical modelling. Several studies have grouped individuals into broad age categories to compare the association of social roles at different ages in standard logistic regression models (Dawson et al., 2013; Verges et al., 2012). One study found minimal differences across age groups in the association of marriage and parenthood with alcohol dependence for men such that parenthood was protective against continuing AUD for older men (38+ years) but not for younger men (Verges et al., 2012). Another found the association of becoming a parent with alcohol cessation was only significant for younger adults ages 18–34 (Dawson et al., 2013).

Although grouping individuals into broad age categories is an important step forward, this strategy is still likely to obscure important age-related variation. For instance, the association of marriage or parenthood with excessive alcohol use at age 20 may be considerably different from the effect at 30 for multiple reasons: (a) excessive alcohol use is much more common at age 20 and thus may have a stronger association with marital or parental status compared to age 30. Many adults naturally mature out of excessive alcohol use by age 30 and therefore any additional changes will be small, blunting observed associations; and (b) because marriage and parenthood are less normative at age 20 than 30, the support and control exerted by this social role at age 20 may be stronger. Hence, examining the aggregate effect of marital status across broad age groups may miss key developmental periods when it has a particularly strong association. It is critical to understand how the protective benefits of familial social roles against excessive alcohol use manifest differently across adulthood in order to: (1) further identify the mechanisms behind the protective nature of familial social roles, and (2) target age-specific prevention efforts for excessive alcohol use.

There is evidence that risk factors for excessive alcohol use differ for men and women (for a review, see Nolen-Hoeksema, 2004). In the case of familial social roles, findings on gender differences have been inconsistent. Some studies in which analyses aggregated across ages have found marriage and parenthood to have stronger effects on women's frequency of alcohol use (Christie-Mizell and Peralta, 2009; Hajema and Knibbe, 1998; Horowitz et al., 1991; Windle and Windle, 2018). Others have shown a stronger relationship between marital status and heavy episodic drinking for men than women (Blazer and Wu, 2009; Duncan et al., 2006). Further, this research suggests these gender differences are stronger for drinking frequency as opposed to drinking quantity in a single episode (Christie-Mizell and Peralta, 2009), suggesting that associations and gender differences may vary for acute and chronic excessive alcohol use. These seemingly contradictory findings may result from variability in the effects of social role status by age and type of alcohol use behavior examined. Gender disparities in excessive alcohol use vary with age (Chen and Jacobson, 2012; Wilsnack et al., 2009). The normative period for many social roles (e.g., marriage) occurs earlier for women than for men (Kreider, 2005; US Census Bureau, 2017) and social roles are experienced differently by men and women (Mai et al., 2019). In addition, medical advice and social norms against drinking may reduce alcohol use by pregnant women, breastfeeding mothers, and mothers in general more than men (Lewis and Neighbors, 2004). Therefore, it is critical to consider how links between social roles and excessive alcohol use change across the adult life course for men and women and at what points in adulthood these factors are most relevant in relation to excessive alcohol use.

The aims of the current study are to examine (1) if and how the associations of familial social roles (marital status and parental status) with acute and chronic excessive alcohol use vary across adulthood. And (2), it examined whether these age-varying associations are different for women compared to men. Based on previous research, we hypothesize significant age variation in the association of familial social roles with both acute and chronic excessive alcohol use in young adulthood. We further hypothesize, given previous research (Christie-Mizell and Peralta, 2009), that there will be gender differences in this age-varying association particularly for chronic excessive alcohol use such that the associations will be stronger for women than men.

Method

Study population and design

Data are drawn from the National Epidemiologic Study on Alcohol and Related Conditions-III (NESARC-III, collected in 2012–13), a nationally representative survey of non-institutionalized adults in the US age 18 and older ($N=36,309$). Individuals were sampled at the household level using a three-stage sampling design (Grant et al., 2014). Survey weights were used to adjust for oversampling of Black, Hispanic and 18–24 year old individuals and nonresponse. IRBs at both the National Institutes of Health and Westat approved the protocol for this study. In this study, we focus on those aged 18 to 60 in order to capture the full range of early through mid-adulthood who were not widowed by the time of the survey ($n=27,956$; 49% men).

Measures

Excessive alcohol use was examined using both chronic and acute indicators. (1) *Chronic excessive use* was assessed as exceeding daily drinking guidelines, defined as $>2/>1$ drinks per day for men/women (Dawson et al., 2005; NIAAA, 2010). This variable was calculated as a weighted function of the reported usual and largest quantities of drinks consumed in the past year multiplied by their respective frequencies and summed across individual beverage types, divided by 365 to obtain the average daily ethanol consumption (USDA and HHS, 2010). Multiple studies have used this measure of chronic risky drinking (e.g., Borders et al., 2007; Evans-Polce et al., 2017; Slater et al., 2017). (2) *Acute excessive use*, that is binge drinking, was defined as one or more past year occasions in which men/women consumed 5/ 4 standard drinks (NIAAA, 2004). Numerous studies use binge drinking as an important marker for acute risky drinking (e.g., Naimi et al., 2003; Wechsler et al., 1995).

The status of two current familial social roles were examined: *marital status* and *parental status*. Marital status contrasted three groups: those currently married/living with someone as if married, divorced/separated, and never married. Those who were widowed at the time of the survey were dropped due to their rarity (1.4% of sample) and categorical difference from the status of divorced or separated. Parental status compared parents residing with their children to others.

Age was measured continuously (to the nearest year) and *gender* contrasted men and women. *Race/ethnicity* (White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, Native American non-Hispanic, and Hispanic), *religious services attendance* (yes/no), and *parental alcohol problems* (yes/no) were included as control variables in the analysis.

Analysis

Analyses were conducted using time-varying effect modeling (TVEM), a type of non-parametric spline regression that is used to estimate regression coefficients as a function of continuous time (Li et al., 2015; TVEM SAS Macro Suite [Version 3.1.0, 2015]). We estimated the association between social roles and excessive alcohol use as a function of age. First, we examined how the association of marital status and parental status with both alcohol use indicators varied across age from 18 to 60 years. Four separate TVEM models were conducted to assess the unadjusted age-varying associations of (1) marital status with acute excessive alcohol use, (2) marital status with chronic excessive alcohol use, (3) parental status with acute excessive alcohol use, and (4) parental status with chronic excessive alcohol use. We then compared unadjusted results to those that controlled for gender, race/ethnicity, religious services attendance, parental alcohol problems, and the other familial social role (i.e., including marital status and parental status in the same model). We present both adjusted and unadjusted results to show the overall age-varying association of each familial social role with chronic and excessive alcohol use and also check for potential confounding by both gender and the other familial social role. Finally, we examined whether these associations of familial social roles with acute and chronic excessive alcohol use differed for men and women by including interaction terms for Gender $\times$ Marital status and Gender $\times$ Parental status in the models. To facilitate interpretation of the results comparing men and women, we present prevalences of excessive alcohol use by gender for each of the

three marital statuses and each of the two parental statuses. While the presented figures depict prevalence levels, the significant differences reported in the results are based on odds ratios and 95% confidence intervals examining the age-varying associations of familial social roles with acute and chronic excessive alcohol use. It is important to note that each of the “tails” of the distribution in the TVEM figures should be interpreted with caution. Because of the way in which TVEMs are modeled, each endpoint has less information to draw on and therefore, confidence intervals are always larger at either end of the figure. All TVEM models were estimated using the B-spline method (Li et al., 2015); pseudo-likelihood information criteria were used for model selection, as outlined in Shiyko et al. (2012). All analyses incorporated weights to account for the complex sample design.

Missing data.—The NESARC-III study team imputes some variables using imputation methods (see Grant et al., 2014 for more details). In this study we utilized the imputed versions of sex, race, age, marital status, parent status, and education; these variables had 1% or less missing observations. In our analysis, we had some remaining variables with missing data (religious services attendance, parent alcohol problems, and alcohol use. Those who were missing were less likely to be married, a parent, and have a college degree. Individuals with missing data (1.9%) were not included in the analysis, which is consistent with research showing that complete case analysis when missing data amount to less than 5% is appropriate (Graham, 2009).

Results

Descriptive results.

Table 1 presents the prevalence of alcohol use behaviors and familial social roles overall and by gender. Across the full sample, almost half (46%) of men and one-third (33%) of women reported acute excessive alcohol use in the past year. For both men and women, chronic excessive alcohol use was less common than acute excessive alcohol use (16% and 13%, respectively). Acute excessive alcohol use ranged from 19% at age 58 to 63% at age 22. Chronic excessive alcohol use ranged from 8% at age 18 to 22% at age 22. In supplemental figures, we provide estimates of marital and parental status prevalence across age. As expected, the prevalence of being married increases with age, as does the prevalence of being divorced/separated and being a parent. 58% of the sample was currently married/living with someone as if married (ranging from 5% at age 18 to 68 % at age 34), 14% divorced/separated (ranging from <1% at age 18 to 24% at age 55), and 29% never married (ranging from 96% at age 18 to 7% at age 58). Across all ages 45% of the sample was a parent, ranging from 15% at age 18 to 68% at age 41.

Differences in acute excessive alcohol use by familial social roles

The association of familial social roles with acute excessive alcohol use was significant across most of the age range but varied in magnitude. Married individuals were significantly less likely to report engaging in binge drinking in the past year compared to never married individuals from ages 22 to 34 and 48 to 55 (Figure 1a). The strength of the association of being married with binge drinking peaked at age 27, when there was a 14% difference, such that 49% (95% *CI*: 47%, 51%) of married and 63% (95% *CI*: 61%, 65%) of never married

individuals reported engaging in binge drinking in the past year. This effect translates to 0.60 (95% *CI*: 0.53, 0.68) lower odds of acute excessive alcohol use among married compared to never married individuals at age 27. Divorced/separated individuals were significantly more likely to report binge drinking in the past year compared to never married individuals from ages 34 to 46. The strength of the association peaked at age 39, when there was a 9% difference, such that 45% (95% *CI*: 42%, 48%) of divorced/separated and 36% (95% *CI*: 33%, 39%) of never married individuals reported engaging in binge drinking in the past year. This effect translates to 1.59 (95% *CI*: 1.32, 1.91) greater odds of acute excessive alcohol use among divorced/separated compared to never married individuals at age 39.

Comparing parents and nonparents, parents were significantly less likely to report binge drinking from ages 18.0 to 56.2 (Figure 1b). This difference increased through the early- and mid-20s, peaking at age 26, when there was a 16% difference, such that 47% (95% *CI*: 45%, 50%) of parents and 63% (95% *CI*: 62%, 65%) of nonparents reported binge drinking in the past year. This effect translates to 0.51 (95% *CI*: 0.45, 0.58) lower odds of acute excessive alcohol use among parents compared to nonparents at age 26. Before age 21, the likelihood of acute excessive alcohol use as a function of marriage did not differ, nor did the likelihood of binge drinking differ by parental status after the mid-50s.

Differences in chronic excessive alcohol use by familial social roles

Married individuals were significantly less likely to exceed daily drinking guidelines compared to never married individuals from ages 21 to 54 (Figure 2a); the magnitude of this difference varied across age. As with acute excessive alcohol use, the difference grew in the early- and mid-20s, peaking at age 27, when there was a 13% difference, such that 13% (95% *CI*: 12%, 15%) of married individuals and 26% (95% *CI*: 24%, 28%) of never married individuals reported exceeding daily drinking guidelines in the past year. This effect translates to a 0.44 (95% *CI*: 0.37, 0.52) lower odds of chronic excessive alcohol use for married compared to unmarried individuals at age 27. Divorced/separated individuals were significantly less likely to report chronic excessive alcohol use in the past year compared to never married individuals from ages 24.4 to 28.6. The strength of the association peaked at age 25, when there was a 7% difference, such that 18% (95% *CI*: 13%, 24%) of divorced/separated and 25% (95% *CI*: 23%, 27%) of never married individuals reported engaging in chronic excessive alcohol use in the past year. This effect translates to 0.65 (95% *CI*: 0.44, 0.96) lower odds of acute excessive alcohol use among divorced/separated compared to never married individuals at age 25.

Comparing parents and nonparents, parents were significantly less likely to report exceeding daily drinking guidelines across ages 21 to 58 (Figure 2b). The magnitude of this difference was largest at age 28, when 12% (95% *CI*: 11%, 14%) of parents and 23% (95% *CI*: 21%, 24%) of nonparents reported exceeding daily drinking guidelines. This effect translates to 0.45 (95% *CI*: 0.38, 0.53) lower odds of chronic excessive alcohol use among parents compared to nonparents at age 28.

Sensitivity analyses

We also conducted sensitivity analyses to determine if models that included controls (gender, race/ethnicity, religious services attendance, parental alcohol problems, and other familial social role) altered the results. This resulted in some attenuation of associations. For example, at age 30, being married was associated with a 31% reduction in risk of acute excessive alcohol use. After including controls, being married was associated with a 22% reduction. In addition, the ages at which being married was significantly associated with lower odds of acute excessive alcohol use was reduced to ages 21 to 32 and 52 to 53 (compared to ages 22 to 34 and 48 to 55). Being divorced/separated was no longer associated with chronic excessive alcohol use. Similarly, before adding controls, being a parent was associated with a 49% reduction in odds of acute excessive alcohol and after, controls was associated with 40% reduction. Supplemental Table S1 provides model fit of unadjusted and adjusted models using AIC and BIC fit indices. In all cases adjusted models had a better fit compared to unadjusted. We ran additional models that adjusted for educational attainment (college degree vs. not) and restricted the sample to those ages 25 to 60 ($n_{unweighted}=23,139$). This effect further attenuated our results such that marital status was no longer significantly associated with acute excessive alcohol use at older ages (i.e., ages 52 to 53). Otherwise, the age range of significance remained the same, though estimates were somewhat attenuated.

As a final sensitivity test, we compared tested our models in NESARC 1, which used similar sampling but was conducted a decade prior to NESARC-III in 2001–2002 to partially address the confounding of age and cohort in our analysis. We found virtually identical results using NESARC Wave 1 data save a significant difference between divorced/separated individuals and never married individual in odds of chronic excessive alcohol use. In NESARC 1, divorced/separated individuals had a greater odds of chronic excessive alcohol use and of acute excessive alcohol use in the early 30s to late 40s whereas in the NESARC-III sample, it was only true for acute excessive alcohol use. These minimal differences suggest there was not a strong cohort effect.

Gender differences

We next compared men and women in the age-varying association of familial social roles and excessive alcohol use. For acute excessive alcohol use, we found that while the association between marital status and binge drinking was significant at many ages, the magnitude of this association did not differ for men and women at any age. In contrast, the association between parental status and binge drinking was significantly different for men and women in young adulthood at ages 24–26, such that the association was significantly stronger for women compared to men at these ages. For example, at age 24, the difference between parents and nonparents was 16% for women (43% and 59%, respectively) and only 8% for men (57% and 65%, respectively).

For chronic excessive alcohol use, we found that the association between marital status and chronic excessive alcohol use was significant; the magnitude of this association did not differ for men and women at any age. There were no gender differences in the association of parental status with exceeding daily drinking guidelines at any point from age 18 to 60. We

note that men were significantly more likely to engage in both acute and chronic excessive alcohol use at most ages (ages 21 to 60 for acute and ages 27 to 58 for chronic excessive alcohol use).

Discussion

This study found significant links of the familial social roles of marital status and parenthood with both acute and chronic excessive alcohol use across most of adulthood. The magnitude of the differences for married, divorced/separated, and never married and for parents and nonparents varied considerably across age and by gender. This study demonstrates the importance of familial social role status as a critical factor in excessive alcohol use risk/protection across adulthood for both men and women while also highlighting that the salience of marital status and parenthood as risk and protective factors varies with respect to the developmental context and gender of the individual.

Being a parent in young adulthood as compared to mid-adulthood was particularly strongly associated with lower risk of both acute and chronic alcohol use (Figures 1b and 2b). This pattern may be due to the greater prevalence of these alcohol use behaviors at young adulthood, thus, marriage and parenthood have the potential to make a stronger impact. In contrast, at later ages, to some extent many individuals may be maturing out of engaging in excessive alcohol use behaviors (Lee et al., 2015; Schulenberg and Maggs, 2002) regardless of their familial social role status. Still, importantly, while the magnitudes of the associations were smaller, both marital and parental status remained significantly associated with lower odds of acute and chronic excessive alcohol use through much of mid-adulthood.

Perhaps, in the case of parenthood, the high demands of young children (much more common in younger adults) may be an important driver of the stronger association seen at young adulthood. Future research should investigate not only the age of the individual but also how age and number of the child(ren) impacts the association of parenthood and excessive alcohol use. Another potential explanation for the stronger association in young adulthood is the base rates of acute excessive alcohol use being much higher at in young adulthood. Many in mid-adulthood have already reduced or stopped drinking, thus the impact of parental status may be less. Still, the finding that parental status remains associated with excessive alcohol use through mid-adulthood is an important addition to a literature that focuses less on understanding risk in mid-adulthood.

In the case of marital status, interestingly, in the late-30s through the mid-40s married individuals were not significantly different from those never married in terms of acute excessive alcohol risk. However, divorced/separated individuals at these ages were at heightened risk (Figure 1a). Research to understand effective prevention strategies for this often understudied age range, particularly for individuals undergoing a divorce or separation, is needed.

For acute excessive alcohol use, consistent with previous research (Bachman et al., 2013; Merline et al., 2004; Verges et al., 2012) we found an increased risk for those who were divorced or separated (Figure 1a). Unexpectedly, with regard to chronic excessive alcohol

use, those who were divorced or separated had a lower risk compared to those who were never married for a brief period in young adulthood (Figure 2a). This pattern may represent lower social and financial resources, factors that are related to chronic excessive alcohol use at this developmental period (Caswell et al., 2003). The role of divorce/separation may be a risk factor in one context but protective in another, which highlights the importance of understanding nuances of these relationships.

With regard to parenthood, there seemed to be somewhat starker differences in chronic excessive alcohol use for parents vs. nonparents in young adulthood compared to that for acute excessive alcohol use. Prevalence of chronic excessive alcohol use remained flat across age for parents whereas for nonparents there was a steep increase in prevalence through the mid-20s and subsequent steep decrease through the mid-30s (Figure 2b). With acute excessive alcohol use both parents and nonparents had some degree of increase and subsequent decrease in the young adult age period (Figure 1b). Perhaps a single occasion of excessive alcohol use is easier to achieve even in the face of competing demands of parenthood and the control felt by these roles compared to more continual or ongoing excessive alcohol use.

We found a larger difference in acute excessive alcohol use between parent and nonparent among women in the mid-20s compared to among men (Figure 3b). Yet, we found no gender differences in the association of parental status with chronic excessive alcohol use (Figure 4b). Though previous studies used somewhat different measures of alcohol use, they have also show gender differences, particularly in frequency of drinking frequency of drinking but not in quantity (Christie-Mizell and Peralta, 2009). Given that our findings differed by the type of alcohol use behavior examined (which was also true for Christie-Mizell and Peralta's study), it is important to examine that studies address multiple types of alcohol use behaviors.

Limitations

As this study was cross-sectional, it cannot determine temporality. Thus, these results should not be interpreted in a causal manner. The cross-sectional nature of the data also does not allow us to disentangle age and cohort effects. Thus, some of the associations of larger magnitude among young adults compared to older adults may actually be due to cohort effects. Additionally, we examine social role status rather than transitions in and out of social roles. Longitudinal data on social role transitions would allow us to compare within person differences in excessive alcohol use across time. However, while longitudinal cohort studies examining links between adult social role status and alcohol use prospectively are better able to establish temporal ordering and look at multiple social role transitions, these typically follow a single cohort and have long gaps between assessments, allowing examination at only a handful of ages (e.g., Staff et al., 2014); this factor limits both the breadth and depth of age coverage. Both the ability to examine age continuously and the representative nature of the sample are strengths of this study. However, findings from this study would be complemented by longitudinal studies examining social roles and alcohol use. This study also focused on excessive alcohol rather than alcohol use disorder. Associations with alcohol use disorder were beyond the scope of this study but may be quite

different than those we found for excessive alcohol use. Additionally, while this study controlled for many potential confounders, there may be additional unmeasured confounding that account for the associations we found. Finally, this study only differentiated men and women and did not ask about other gender identities. Very little research has assessed social roles and risk behavior among gender minorities and it is a needed area of future research.

Conclusions

Despite the limitations, this study demonstrated that familial social roles are an important factor for both chronic and acute excessive alcohol use across much of adulthood but also a factor that varies across developmental age and gender. While marriage and parenthood were protective for both men and women, parenthood appears to be a more salient protective factor for women as compared to men. Women are especially protected during a high risk developmental period of young adulthood. More research is needed to understand the mechanisms of this protection for women. This research highlights the need for research to consider social context, developmental context, and demographics to best understand the populations most at risk for excessive alcohol use. This work is important for targeting of interventions to reduce excessive alcohol use and the health risks associated with it. Our research suggests that attention should be paid to young adult men who are not married, men and women who are not parents and individuals who are divorced or separated in mid-adulthood as they are at particular risk for excessive alcohol use.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Highlights

- Being married and a parent was associated with lower odds of excessive alcohol use
- The link of familial social roles and excessive alcohol use varied across adulthood
- Parenthood was more strongly protective from excessive alcohol use for women than men

Figure 1a.

Prevalence of acute excessive alcohol use across ages 18 to 60 by marital status.

Figure 1b.

Prevalence of acute excessive alcohol use across ages 18 to 60 by parent status.

Figure 2a.
Prevalence of chronic excessive alcohol use across ages 18 to 60 by marital status.

Figure 2b.
Prevalence of chronic excessive alcohol use across ages 18 to 60 by parent status.

Figure 3a.

Prevalence of acute excessive alcohol use across ages 18 to 60 by gender and marital status.

Figure 3b.

Prevalence of acute excessive alcohol use across ages 18 to 60 by gender and parent status.

Figure 4a.

Prevalence of chronic excessive alcohol use across ages 18 to 60 by gender and marital status.

Figure 4b.

Prevalence of chronic excessive alcohol use across ages 18 to 60 by gender and parent status

Table 1.Descriptives: Overall and by gender ($n=27,956$)

Variable	Overall (%)	Men	Women
<u>Excessive alcohol use</u>			
Acute use	39.7	46.1	33.4
Chronic use	14.7	16.4	13.0
<u>Marital status</u>			
Married	57.8	57.2	58.3
Divorced/Separated	13.7	11.6	15.8
Never married	28.5	31.2	25.9
<u>Parental status</u>			
Parent	45.4	39.2	51.5
Not parent	54.6	60.8	48.5
Total		49.3	50.7