



Short Communication

Parental relationship satisfaction in French young adults associated with alcohol abuse and dependence

Pamela J. Surkan^{a,*}, Rebecca Fielding-Miller^a, Maria Melchior^{b,c,1}

^a Social and Behavioral Interventions Program, Dept. of International Health, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe Street, Baltimore, MD 21205, USA

^b INSERM U1018, Centre for research in Epidemiology and Population Health, Epidemiology of occupational and social determinants of health, F-94807, Villejuif, France

^c Université de Versailles Saint-Quentin, UMRS 1018, France

ARTICLE INFO

Keywords:

Alcohol drinking
Alcohol-related disorders
Young adult
France
Interpersonal relations
Family relations

ABSTRACT

Alcohol consumption is a major risk factor for disease in developed countries. In addition to genetic susceptibility, alcohol consumption is shaped by one's social and family environment. With data from 2009, we examined associations between satisfaction with familial relationships and alcohol abuse and dependence using a national sample of 1101 French young adults aged 22–35. Alcohol-related problems were measured with the Alcohol Use Disorders Identification Test (AUDIT). Main exposure variables included young adults' self-report of satisfaction with parental relationships. In adjusted logistic regression models, having a poor relationship with one's mother (OR = 1.8, 95%CI 1.0–3.6) or father (OR = 1.8, 95% CI 1.0–3.2) was associated with alcohol abuse and dependence. Gender stratified analyses indicated unsatisfactory maternal relationships were associated with alcohol problems in women (OR = 2.6, 95%CI 1.1–6.6); unsatisfactory paternal relationships were suggestive of alcohol abuse in men (OR = 2.0, 95%CI 0.9–4.7), but not in women. Non-cohabitation with a romantic partner was associated with an almost three-fold increase of alcohol abuse and dependence in men (OR = 2.8, 95% CI 1.6–4.8). The quality of parental relationships may be important for alcohol abuse, particularly when the parent is the same gender. Family-centered approaches may be considered in prevention efforts to reduce problem drinking in French young adults.

© 2011 Elsevier Ltd. All rights reserved.

1. Introduction

Alcohol consumption contributes to morbidity and mortality worldwide (Li, 2008) and is the third largest risk factor for disease burden in developed countries (World Health Organization, 2004). Although alcohol consumption in France has been decreasing, it is still high (Hill & Laplanche, 2010). Alcohol abuse and dependence in young adults are estimated at 21% and 6%, respectively (Legleye, Beck, Peretti-Watel, Chau, & Firdion, 2010; Melchior, Choquet, Le Strat, Hassler, & Gorwood, 2011). Along with long-term damage to internal organs, heavy drinking may lead to chronic alcohol dependence (Li, 2008). It has also been linked to risky sexual behaviors, injury, suicide,

homicide, motor vehicle accidents, and some cancers (Windle & Windle, 2005; World Health Organization, 2002, 2004).

In addition to genetic influences of alcohol (Herman, Philbeck, Vasilopoulos, & Depetrillo, 2003), alcohol consumption is patterned by social and familial environments (Enoch, 2006; Picherot et al., 2010). In France, there is widespread acceptance of alcohol in the home (Picherot et al., 2010) and regular use is fairly commonplace in young adults (30% in men, 16% in women) (Melchior, Chastang, Goldberg, & Fombonne, 2008). Research on familial influences on youth alcohol consumption has largely focused on parental modeling and monitoring of drinking, though there has also been interest in parent-child bonding and warmth in adolescence (Ryan, Jorm, & Lubman, 2010). The theory of self-medication proposes that alcohol can be used as a coping device that relieves psychological suffering (Khantzian, 1997). Accordingly, the discomforts or complications related to poor relationships with kin could result in self-medication with alcohol.

In France, 40% of male and 18% of female 22–26 year olds report recent binge drinking, (Melchior et al., 2008) and 58% of 15–29 and 29% of 30–49 year olds continue living with their parents (Marpsat, 2009). Nonetheless, research about familial influences on young adult drinking is limited. We examine associations between the

* Corresponding author at: Social and Behavioral Interventions Program, Dept. of International Health, Johns Hopkins Bloomberg School of Public Health, 615 North Wolfe St., Room E5523, Baltimore, MD 21205-2179, USA. Tel.: +1 410 502 7396 (office); fax: +1 410 502 6733.

E-mail addresses: psurkan@jhsph.edu (P.J. Surkan), rfieldi@emory.edu (R. Fielding-Miller), maria.melchior@inserm.fr (M. Melchior).

¹ Tel.: +33 1 77 74 74 27; fax: +33 1 77 74 74 03.

quality of familial social relationships and alcohol abuse and dependence in French young adults.

2. Methods

2.1. Sample characteristics

The Trajectoires Épidémiologiques en Population (TEMPO) study began in 2009 among young adults aged 22–35 who were offspring of participants of the GAZEL cohort based in France (Goldberg et al., 2007). In 1991, all youth participated in the GAZEL Youth Study, which was designed to estimate the prevalence of psychological problems and access to mental health care in a sample of nationally representative children in terms of family size, geography and socio-economic characteristics (Fombonne & Vermeersch, 1997). In 2009, parents of eligible youth were asked to forward their children a mail or online questionnaire for the TEMPO study.

The response rate for the 2009 TEMPO questionnaire was 44.3% ($n = 1101$, 59% women), which is comparable to other mental health surveys conducted in France (Alonso et al., 2004). Of the 2498 eligible youth, 16 had died since 1991 and 4 were too ill or disabled to answer. Among non-respondents, 27.5% had a parent who did not complete the 2009 GAZEL questionnaire, suggesting that the parent did not forward the TEMPO questionnaire to them. In addition, 6.9% of parents had no regular contact with their child and could not forward the questionnaire. Another 28.1% of non-respondents indicated lack of interest. When the parent forwarded the questionnaire to their child, non-response was 8.9%. Non-respondents were more likely to be male, to come from low socio-economic status or divorced families, and their parents were more likely to smoke tobacco and abstain from alcohol. Participants and non-participants did not vary with regard to parental or their own global psychopathology. TEMPO received ethical approval from the Comité Consultatif sur le Traitement de l'Information en Matière de Recherche dans le domaine de la Santé (CCTIRS) and from the French National Committee for Data Protection (CNIL: Commission Nationale Informatique et Liberté).

To assess alcohol-related problems we used the French version of the Alcohol Use Disorders Identification Test (AUDIT), a ten-item screening test developed by the World Health Organization and validated against clinical diagnoses (Bohn, Babor, & Kranzler, 1995; McCusker, Basquille, Khwaja, Murray-Lyon, & Catalan, 2002; Melchior et al., 2011), which captures alcohol abuse and dependence (referred to as alcohol abuse from here onward) over a twelve-month period (Babor, Higgins-Biddle, Saunders, & Monteiro, 2007). Following published guidelines, men who scored ≥ 8 and women who scored ≥ 7 were considered to show signs of alcohol abuse or dependence (Babor et al., 2007).

Participants were asked about their partner status based on cohabitation (with a partner versus in another housing arrangement) and to describe their relationships with their mother (“Are you satisfied with your relationship with your mother?”), father (“Are you satisfied with your relationship with your father?”), and partner (“Are you satisfied with your love life?”), rated on a scale of 1–8 (from “very satisfied” to “very unsatisfied”). Because conceptually we were interested in studying young adults with the least relationship satisfaction, these scales were dichotomized between scores 1–5 (satisfied) and scores 6–8 (unsatisfied).

Covariates included: age (as a continuous variable); sex (male vs. female); educational level (\leq high school vs. $>$ high school) and negative affectivity (as a continuous variable) (Rammstedt & John, 2007). Negative affectivity was based on two items from the Ten Item Personality Inventory (TIPI) about being anxious and easily troubled (reverse coded) and being calm and emotionally stable (Gosling, Rentfrow, & Swann, 2003). Each item was scored on a scale ranging from 1 (not true at all) to 7 (very true) and the two were combined, as recommended by the scale's authors (Gosling et al., 2003). Parental

history of alcoholism was based on the child's report from the TEMPO study in 2009 regarding whether or not either of their parents ever had a problem with alcoholism during the parent's lifetime (yes vs. no), ascertained using a questionnaire adapted from the National Institute of Mental Health-Family Interview for Genetic Studies (NIMH-FIGS) (Maxwell, 1992).

2.2. Statistical methods

To test the association between social relationships and alcohol-related problems, we first calculated bivariate chi-square and t -tests. Second, we adjusted for socio-demographic variables, negative affectivity, and parental history of alcoholism using logistic regression. Negative affectivity was adjusted for in all models in order to account for the possibility it would result in a tendency to negatively assess social relationships. Parental history of alcoholism was adjusted to control for the possible genetic influence of alcohol-related problems and because parental alcoholism may affect the parent-child relationship. Because social relationships and alcohol use patterns vary in men and women, we stratified the analyses by gender. All data were analyzed using SAS 9.1 (SAS Institute, Cary, North Carolina).

3. Results

The sample included females (59%) and males (41%), who were on average 29 years old (range 22–35). Approximately three fourths of participants had above a high school education and about 60% were cohabitating. As reported by their children, approximately 4% of the parents had experienced lifetime alcoholism. The prevalence of alcohol abuse was approximately twice as high in males compared to females (21% versus 9% respectively, $p < 0.01$) and in youth who were single compared to those cohabitating (22% versus 9%, respectively, $p < 0.01$). Youth without alcohol abuse were more likely to be older ($p < 0.01$). A poor relationship with one's mother or father was related to a higher likelihood of alcohol abuse (23% vs. 14% for a poor versus good maternal relationship; 22% versus 14% for a poor versus good paternal relationship). Poor satisfaction with one's love life was associated with a higher prevalence of alcohol abuse (22% versus 13% respectively, $p < 0.01$) (Table 1).

In multivariable logistic regression models (Table 2), not cohabitating was associated with slightly over a two-fold odds of alcohol abuse ($OR = 2.3$, 95% CI 1.6–3.5). Likewise, having an unsatisfactory relationship with one's mother ($OR = 1.8$, 95% CI 1.0–3.6) or father ($OR = 1.8$, 95% CI 1.0–3.2) was also associated with alcohol abuse. After gender stratification, odds of alcohol abuse for youth living alone was especially elevated in men ($OR = 2.8$, 95% CI 1.6–4.8) and elevated but only marginally significant in women ($OR = 1.9$, 95% CI 1.0–3.3).

Parental relationship variables indicated that a poor relationship with one's mother or father was marginally significantly associated with almost a two-fold odds of alcohol abuse in both men and woman combined ($OR = 1.8$, 95% CI 1.0–3.6 for the maternal relationship; $OR = 1.8$, 95% CI 1.0–3.6 for the paternal relationship). A poor maternal relationship was related to alcohol abuse in women ($OR = 2.6$, 95% CI 1.1–6.6) but not in men ($OR = 1.5$, 95% CI 0.5–4.1). Though falling slightly short of statistical significance, a poor relationship with the father was related to alcohol abuse in men ($OR = 2.0$, 95% CI 0.9–4.7), but was far from statistically significant in women ($OR = 1.6$, 95% CI 0.6–4.2). The association between satisfaction with love life and alcohol abuse lost statistical significance after covariate adjustments (Table 2). Additional analyses including the presence of symptoms of depression and anxiety, as measured by the Achenbach System of Empirically-Based Assessment (Achenbach, 2007), did not show any substantial changes in estimates between satisfaction variables and alcohol outcomes, indicating no sign of mediation.

Table 1
Demographic and social relationship variables of participating French young adults (TEMPO study, n = 1103, 2009).

	Overall Number (%)	No problem Number (%)	Alcohol abuse/dependence Number (%)	p-value
Categorical variables				
Gender				
Male	454 (41.16)	352 (78.57)	96 (21.43)	<0.0001
Female	649 (58.84)	579 (90.75)	59 (9.25)	
Education level				
≤High school	246 (22.88)	201 (83.06)	41 (16.94)	0.21
>High school	829 (77.12)	706 (86.31)	112 (13.69)	
Cohabiting with partner				
No	442 (41.19)	339 (78.11)	95 (21.89)	<0.0001
Yes	631 (58.81)	569 (91.33)	54 (8.67)	
Parental history of alcoholism				
Yes	956 (95.79)	34 (80.95)	8 (19.05)	0.38
No	42 (4.21)	812 (85.84)	134 (14.16)	
Satisfaction with maternal relationship				
Poor	67 (6.27)	51 (77.27)	15 (22.73)	0.05
Good	1001 (93.73)	850 (86.03)	138 (13.97)	
Satisfaction with paternal relationship				
Poor	87 (8.31)	67 (78.82)	18 (21.18)	0.06
Good	960 (91.69)	820 (86.41)	129 (13.59)	
Satisfaction with love life				
Poor	279 (19.04)	158 (77.83)	45 (22.17)	0.0005
Good	880 (80.96)	760 (87.36)	110 (12.64)	
Continuous variables				
	Mean (SD): range	Mean (SD)	Mean (SD)	p-value
Age in years	28.94 (3.69): 22–35	29.10 (3.69)	27.85 (3.43)	<0.0001
Negative affectivity	4.38 (1.40): 1–7	4.36 (1.40)	4.43 (1.44)	0.58

The total for each variable vary depending on number of missing: 0 for gender; 28 for education level; 30 for cohabiting with partner; 105 for parental history of alcoholism; 35 for satisfaction with maternal relationship; 56 for satisfaction with paternal relationship; 16 for satisfaction with love life; 0 for age; and 18 for negative affectivity.

Table 2
Multivariable logistic regression models for relationship variables associated with alcohol use and dependency, both overall and when stratified by gender (TEMPO study, 2009).

	Both genders N = 1103 Odds ratio (95% CI)	Men N = 454 Odds ratio (95% CI)	Women N = 659 Odds ratio (95% CI)
Model 1			
Cohabiting with partner			
No	2.3 (1.6, 3.5)	2.8 (1.6, 4.8)	1.9 (1.0, 3.3)
Yes	1.0	1.0	1.0
Model 2			
Satisfaction with maternal relationship			
Poor	1.8 (1.0, 3.6)	1.5 (0.5, 4.1)	2.6 (1.1, 6.6)
Good	1.0	1.0	1.0
Model 3			
Satisfaction with paternal relationship			
Poor	1.8 (1.0, 3.2)	2.0 (0.9, 4.7)	1.6 (0.6, 4.2)
Good	1.0	1.0	1.0
Model 4			
Satisfaction with love life			
Poor	1.3 (0.8, 2.0)	1.2 (0.7, 2.2)	1.4 (0.6, 2.9)
Good	1.0	1.0	1.0

All models controlled for age (cont), gender (male/female), educational level (≤high school, >high school), negative affectivity (cont). Models 3 and 4 are controlled for parental history of alcoholism. Models 2–5 also controlled for cohabitation with partner (no/yes). Sample sizes for models vary depending on number of missing observations for the variables included.

4. Discussion

Our study suggests that parental relationship satisfaction is associated with alcohol abuse and dependence in French young adults. In analyses stratified by gender, dissatisfaction with one's maternal relationship was a risk factor for women, but not for men. This pattern of gender-matching was suggestive in men as well, e.g. having a poor relationship with one's father was related to problematic drinking in men (although falling slightly short of statistical significance), but was weak and far from significant in women. For both genders combined, and in stratified analyses, not cohabiting with a spouse or partner was associated with higher likelihood of alcohol abuse and dependence.

Our results highlight the importance of kin relationships in association with drinking patterns in young adults, and suggest that this association may be stronger when there is parent-child gender matching. Parental influence on adolescent or young adult drinking has been shown in numerous studies (Abar & Turrisi, 2008; Beck, Shattuck, Haynie, Crump, & Simons-Morton, 1999; Fairlie, Wood, & Laird, 2011; Wood, Read, Mitchell, & Brand, 2004), with more parental involvement thought to weaken the peer influences on problem drinking (Wood et al., 2004). US men and women with a fair/poor paternal relationship had more alcohol symptoms compared to those with a good/excellent relationship (Kramer et al., 2008). Other research has identified depression as a mediator between negative bonding with fathers (but not mothers) and alcohol problems in US college students of both genders (Patock-Peckham & Morgan-Lopez, 2007). Unadjusted analyses from a French cross-sectional study suggested higher risk of binge drinking and drunkenness among boys reporting maternal relationship dissatisfaction, but not girls (Ledoux, Miller, Choquet, & Plant, 2002). Paternal relationships were associated with binge drinking and drunkenness during the past year for boys, while only drunkenness was associated for girls (Ledoux et al., 2002).

Social Learning Theory provides one explanation for gender matching between children and parents, as it suggests that a parent

sharing the child's gender is a more salient role model (Bandera & Walters, 1963). As early as 2001, Patock-Peckham, Cheong, Balhorn, and Nagoshi (2001) have described parenting styles of parents with the same gender as their children as being important for alcohol use among US college students. They found that paternal permissiveness and authoritarianism were related to alcohol use and drinking control in male children, while permissive and authoritarian parenting in mothers were related to drinking control only in female children (Patock-Peckham & Morgan-Lopez, 2006).

We found that cohabitation with a spouse or partner was protective against alcohol abuse and dependence. This finding supports results from a national US study showing significant reductions in heavy drinking following marriage for both men and women (Merline, Schulenberg, O'Malley, Bachman, & Johnston, 2008). Similar patterns have been observed for reduced substance abuse after marriage (Curran, Muthen, & Harford, 1998; Leonard & Das Eiden, 1999). One possible explanation is that substance use is incompatible with conventional adult roles such as marriage (Homish, Leonard, & Cornelius, 2007).

Because our main exposure variables of parental and spousal relationships were ascertained simultaneous to alcohol abuse, further research is necessary to determine the direction of the effect. A strength of this study is the rich data on covariates, and the focus on a vulnerable period when there is a high prevalence of problematic drinking. Although we did not have medical diagnoses of parental alcoholism, we were able to examine relationships with both mothers and fathers while taking into account child report of parental alcoholism. Furthermore, a fairly large sample size allowed us to examine gender specific patterns. Because loss to follow-up limits the study's generalizability, further research will be needed to assess whether the results hold among lower-risk families. We also lack information about why children consider their relationship with parents to be unsatisfactory. However, though evidence is mixed, generally literature suggests that parental warmth, monitoring, support, and control may be important for adolescents' risk of alcohol and drug use disorders (Moore, Rothwell, & Segrott, 2010; Jacob & Johnson, 1997; Roche, Ahmed, & Blum, 2008; Wu, Lu, Sterling, & Weisner, 2004). More studies are needed to determine whether these factors may be salient in young adults.

Our study suggests that relationship quality with parents and cohabitating partners is associated with excess drinking in French young adults. The fact that statistical control for parental alcoholism did not eliminate associations between satisfaction with the parental relationship and child alcohol abuse and dependence suggests that the relationships are independent of history of parental alcoholism. Current approaches to alcohol prevention that incorporate issues such as family conflict and parental substance abuse (Gilvarry, 2000) may have important implications for relationship satisfaction with parents. Given our study's results, family-centered interventions may be propitious in preventing and reducing alcohol abuse.

Role of funding sources

This research was supported by the French Ministry of Health-IRESP (TGIR Cohortes, 2010 Call), the French Inter-departmental Mission for the fight against drugs and drug addiction (MILDT), The French Institute of Cancer (INCa), the French Foundation for Research on Psychiatry and Mental Health (FRPSM). Maria Melchior is the recipient of a Young Researcher Award from the French National Research Agency (ANR). The founders had no further role in study design; in the collection, analysis and interpretation of data; in the writing of the report; or in the decision to submit the paper for publication.

Contributors

- Pamela Surkan drafted the article and conducted some of the statistical analysis.
- Rebecca Fielding-Miller carried out statistical analyses.
- Maria Melchior contributed to data interpretation, bibliographic searches and manuscript finalization.

Conflict of interest

None of the authors has any conflicts of interest.

Acknowledgments

The authors wish to thank Professor Eric Fombonne for granting the authorization to follow-up participants of the "Children of GAZEL" study, the GAZEL study team for help in implementing the Tempo cohort, and Professor France Lert for helpful comments on the results of this study.

References

- Abar, C., & Turrissi, R. (2008). How important are parents during the college years? A longitudinal perspective of indirect influences parents yield on their college teens' alcohol use. *Addictive Behaviors*, 33, 1360–1368.
- Achenbach, T. M. (2007). *Achenbach system of empirically-based assessment*.
- Alonso, J., Angermeyer, M. C., Bernert, S., Bruffaerts, R., Brugha, T. S., Bryson, H., et al. (2004). Sampling and methods of the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatrica Scandinavica. Supplementum*, 8–20.
- Babor, T., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2007). *AUDIT: the alcohol use disorders identification test*.
- Bandera, A., & Walters, R. H. (1963). *Social learning and personality development*. New York: Holt; Rinehart & Winston.
- Beck, K. H., Shattuck, T., Haynie, D., Crump, A. D., & Simons-Morton, B. (1999). Associations between parent awareness, monitoring, enforcement and adolescent involvement with alcohol. *Health Education Research*, 14, 765–775.
- Bohn, M. J., Babor, T. F., & Kranzler, H. R. (1995). The alcohol use disorders identification test (AUDIT): Validation of a screening instrument for use in medical settings. *Journal of Studies on Alcohol*, 56, 423–432.
- Curran, P. J., Muthen, B. O., & Harford, T. C. (1998). The influence of changes in marital status on developmental trajectories of alcohol use in young adults. *Journal of Studies on Alcohol*, 59, 647–658.
- Enoch, M. A. (2006). Genetic and environmental influences on the development of alcoholism: Resilience vs. risk. *Annals of the New York Academy of Sciences*, 1094, 193–201.
- Fairlie, A. M., Wood, M. D., & Laird, R. D. (2011). *Prospective protective effect of parents on peer influences and college alcohol involvement*. : *Psychol Addict Behav*.
- Fombonne, E., & Vermeersch, S. (1997). Children of the GAZEL Cohort: I – Prevalence of contacts with the medico-educational system for psychological reasons, and associated factors. *Revue d'Epidémiologie et de Santé Publique*, 45, 29–40.
- Gilvarry, E. (2000). Substance abuse in young people. *Journal of Child Psychology and Psychiatry*, 41, 55–80.
- Goldberg, M., Leclerc, A., Bonenfant, S., Chastang, J. F., Schmaus, A., Kaniewski, N., et al. (2007). Cohort profile: the GAZEL cohort study. *International Journal of Epidemiology*, 36, 32–39.
- Gosling, S. D., Rentfrow, P. J., & Swann, W. B., Jr. (2003). A very brief measure of the big-five personality domains. *Journal of Research in Personality*, 37, 504–528.
- Herman, A. I., Philbeck, J. W., Vasilopoulos, N. L., & Depetrillo, P. B. (2003). Serotonin transporter promoter polymorphism and differences in alcohol consumption behaviour in a college student population. *Alcohol and Alcoholism*, 38, 446–449.
- Hill, C., & Laplanche, A. (2010). The French drink too much alcohol. *Presse Médicale*, 39, e158–e164.
- Homish, G. G., Leonard, K. E., & Cornelius, J. R. (2007). Predictors of marijuana use among married couples: the influence of one's spouse. *Drug and Alcohol Dependence*, 91, 121–128.
- Jacob, T., & Johnson, S. (1997). Parenting influences on the development of alcohol abuse and dependence. *Alcohol Health and Research World*, 21, 204–209.
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: a reconsideration and recent applications. *Harvard Review of Psychiatry*, 4, 231–244.
- Kramer, J. R., Chan, G., Dick, D. M., Kuperman, S., Bucholz, K. K., Edenberg, H. J., et al. (2008). Multiple-domain predictors of problematic alcohol use in young adulthood. *Journal of Studies on Alcohol and Drugs*, 69, 649–659.
- Ledoux, S., Miller, P., Choquet, M., & Plant, M. (2002). Family structure, parent-child relationships, and alcohol and other drug use among teenagers in France and the United Kingdom. *Alcohol and Alcoholism*, 37, 52–60.
- Legleye, S., Beck, F., Peretti-Watel, P., Chau, N., & Firdion, J. M. (2010). Suicidal ideation among young French adults: association with occupation, family, sexual activity, personal background and drug use. *Journal of Affective Disorders*, 123, 108–115.
- Leonard, K. E., & Das Eiden, R. (1999). Husband's and wife's drinking: unilateral or bilateral influences among newlyweds in a general population sample. *Journal of Studies on Alcohol. Supplement*, 13, 130–138.
- Li, T. K. (2008). Quantifying the risk for alcohol-use and alcohol-attributable health disorders: present findings and future research needs. *Journal of Gastroenterology and Hepatology*, 23(Suppl 1), S2–S8.
- Marpsat, M. (2009). *Une personne sur vingt s'est retrouvée sans logement personnel au cours de sa vie*. In Paris: Institut National de la Statistique et des Etudes Economiques.
- Maxwell, M. E. (1992). *Family Interview for Genetic Studies (FIGS): A Manual for FIGS*. Bethesda Maryland: Clinical Neurogenetics Branch, Interfamilial Research Program, National Institute of Mental Health.
- McCusker, M. T., Basquille, J., Khwaja, M., Murray-Lyon, I. M., & Catalan, J. (2002). Hazardous and harmful drinking: a comparison of the AUDIT and CAGE screening questionnaires. *QJM*, 95, 591–595.
- Melchior, M., Chastang, J. F., Goldberg, P., & Fombonne, E. (2008). High prevalence rates of tobacco, alcohol and drug use in adolescents and young adults in France: Results from the GAZEL Youth study. *Addictive Behaviors*, 33, 122–133.

- Melchior, M., Choquet, M., Le Strat, Y., Hassler, C., & Gorwood, P. (2011). Parental alcohol dependence, socioeconomic disadvantage and alcohol and cannabis dependence among young adults in the community. *European Psychiatry*, 26, 13–17.
- Merline, A. C., Schulenberg, J. E., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (2008). Substance use in marital dyads: Premarital assortment and change over time. *Journal of Studies on Alcohol and Drugs*, 69, 352–361.
- Moore, G. F., Rothwell, H., & Segrott, J. (2010). An exploratory study of the relationship between parental attitudes and behaviour and young people's consumption of alcohol. *Substance Abuse Treatment, Prevention, and Policy*, 5, 6.
- Patock-Peckham, J. A., Cheong, J., Balhorn, M. E., & Nagoshi, C. T. (2001). A social learning perspective: A model of parenting styles, self-regulation, perceived drinking control, and alcohol use and problems. *Alcoholism, Clinical and Experimental Research*, 25, 1284–1292.
- Patock-Peckham, J. A., & Morgan-Lopez, A. A. (2006). College drinking behaviors: Mediation links between parenting styles, impulse control, and alcohol-related outcomes. *Psychology of Addictive Behaviors*, 20, 117–125.
- Patock-Peckham, J. A., & Morgan-Lopez, A. A. (2007). College drinking behaviors: Mediation links between parenting styles, parental bonds, depression, and alcohol problems. *Psychology of Addictive Behaviors*, 21, 297–306.
- Picherot, G., Urbain, J., Dreno, L., Caldagues, E., Caquard, M., Pernel, A. S., et al. (2010). Teenagers and age of first drinking: A disturbing precocity? *Archives of Pediatrics*, 17, 583–587.
- Rammstedt, B., & John, O. P. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41, 203–212.
- Roche, K. M., Ahmed, S., & Blum, R. W. (2008). Enduring consequences of parenting for risk behaviors from adolescence into early adulthood. *Social Science & Medicine*, 66, 2023–2034.
- Ryan, S. M., Jorm, A. F., & Lubman, D. I. (2010). Parenting factors associated with reduced adolescent alcohol use: A systematic review of longitudinal studies. *The Australian and New Zealand Journal of Psychiatry*, 44, 774–783.
- Windle, M., & Windle, R. C. (2005). Alcohol consumption and its consequences among adolescents and young adults. *Recent Developments in Alcoholism*, 17, 67–83.
- Wood, M. D., Read, J. P., Mitchell, R. E., & Brand, N. H. (2004). Do parents still matter? Parent and peer influences on alcohol involvement among recent high school graduates. *Psychology of Addictive Behaviors*, 18, 19–30.
- World Health Organization (2002). *The world health report 2002—Reducing risks*. Geneva, Switzerland: Promoting Healthy Life.
- World Health Organization (2004). *WHO global status report on alcohol 2004*. Geneva, Switzerland: Department of Mental Health and Substance Abuse.
- Wu, N. S., Lu, Y., Sterling, S., & Weisner, C. (2004). Family environment factors and substance abuse severity in an HMO adolescent treatment population. *Clinical Pediatrics*, 43, 323–333.