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Changes in the perception of alcohol-related stigma in Germany over the last two decades

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ABSTRACT

Background: Alcohol dependence is a severely stigmatized disorder. Perceived stigma may deter help-seeking and is associated with higher co-morbidity and self-stigma in persons with alcohol dependence. We assess changes in the perception of alcohol-related stigma over 21 years in the general population.
Methods: Two representative population surveys using identical methodology were conducted in Germany in 1990 and 2011 ($n = 1022$ and $n = 967$), eliciting the perceived discrimination and devaluation of someone with a history of alcohol problems as measured with an adoption of Link's Perceived Discrimination and Devaluation Scale (aPDDS), and perceived negative stereotypes of an "alcoholic."
Results: Both on item level and using factor scores, attitudes changed significantly between 1990 and 2011. Perceived discrimination and devaluation of someone with a history of alcohol dependence decreased considerably by 0.44 standard deviations (SD). Perceived negative stereotypes related to unpredictability of an "alcoholic" increased slightly by 0.15 SD, while perceived stereotypes related to strangeness decreased (−0.23 SD).
Conclusions: Our findings suggest that particularly the image of someone who has received treatment for alcohol dependence has improved in Germany. This parallels increasing acceptance of professional treatment for alcohol dependence among the general population over the last twenty years, and contrasts with overall unchanged negative attitudes toward persons who actually suffer from alcohol problems.

1. Introduction

Studies on the development of public attitudes toward people with substance use disorders indicate that they have not changed for the better over the last decades. Attitudes toward persons with alcohol dependence, for example, have remained disturbingly stable: time trend studies from the U.S. and Germany found no meaningful changes in the desire for social distance between 1996 and 2006 (U.S.) or 1990 and 2011 (Germany) (Angermeyer et al., 2013b; Pescosolido et al., 2010). Similarly, personally held stereotypical beliefs about alcohol dependence did hardly change between 1990 and 2011 in Germany (Schomerus et al., in press), or in Great Britain between 1998 and 2003 (Crisp et al., 2005). Some negative changes were observed in the U.S.: here, the proportion of respondents assuming that bad character was a cause for alcohol dependence did increase by 16% between 1996 and 2006. These few time-trend studies of alcohol-related public attitudes have all examined public stigma, i.e., the personal attitudes of the respondents.

However, there is another component of stigma that is of high relevance to those suffering from alcohol use disorders: the perception of public stigma. People not only hold personal beliefs about alcohol dependent persons, they also have an idea of what, in their opinion, other people believe. Perceived public stigma and personally held attitudes of the general public are not identical: a study in Australia examining perceived and personal stigma related to depression found very low correlation of the according scales ($R = 0.10$; Griffiths et al., 2004). So far, there are no

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time-trend studies of the perceived stigma attached to alcohol use disorders. Regarding the perceived stigma of mental disorders, a study from Australia found only small differences in perceived stigma between 2004 and 2011, indicating increasing perceptions of the dangerousness-stereotype related to persons with chronic schizophrenia. In contrast, a recent study from Germany found perceived discrimination and devaluation of "former mental patients" to have diminished considerably since 1990 (Angermeyer et al., 2013a). Here, *perceptions* of stigma had developed favorably, while personal attitudes particularly toward persons with schizophrenia had deteriorated within the same time period (Angermeyer et al., 2013b).

The perceived stigma attached to alcohol use disorders seems to deter help-seeking; in a large, representative sample of adults with alcohol use disorders in the U.S., perception of higher stigma toward persons with alcohol problems was associated with lower lifetime alcohol service use (Keyes et al., 2010). Perceptions of stigma have also been conceptualized as starting point for the formation of personal attitudes, including self-stigma. In his progressive model of self-stigma, Corrigan posits awareness of other persons' stereotypical beliefs as the beginning of a cascade of stigmatizing cognitions, resulting in agreeing with these stereotypes (personal stigma), and eventually applying these stereotypes to oneself should one develop the stigmatized condition (self-stigma; Corrigan et al., 2011, 2006). This model has also been applied to persons with alcohol dependence, showing that self-stigma is associated with decreased drinking-refusal self-efficacy (Schomerus et al., 2011a). Finally, modified labeling theory highlights that expectations of rejection and discrimination shape the individuals' experience of a stigmatized disorder (Link et al., 1989). In fact, a large cross-sectional study in the U.S. found high perceived stigma of persons labeled with alcohol use disorders to be associated with negative psychiatric outcomes (Glass et al., 2013b). High perceptions of stigma related to alcohol dependence could thus decrease help-seeking, increase self-stigma and impair outcomes of persons suffering from alcohol use disorders.

In this study, we explore how the perception of alcohol-related stigma has developed in Germany over the last two decades. To our knowledge, this is the first time-trend study of perceived alcohol-related stigma in the general population. We use data from two methodologically identical surveys in 1990 and 2011 to explore how two facets of perceived stigma have developed over time: (A) perceptions of the salience of negative stereotypes related to alcohol dependence and (B) perceptions of discrimination and devaluation of persons with alcohol dependence.

2. Methods

2.1. Surveys and interview

Two population surveys were conducted among German citizens aged 18 years and over, the first in 1990 ($n = 3087$, response rate 70.0%), the second in 2011 ($n = 3642$, response rate 64.0%). In both surveys samples were drawn using a random sampling procedure with three stages: (1) sample points, (2) households, and (3) individuals within target households. Target households within sample points were determined according to the random route procedure. Target persons within each household were selected using random digits. Informed consent was considered to have been given when individuals agreed to complete the interview. The fieldwork for the first survey was carried out by GETAS, Hamburg, for the second survey by USUMA, Berlin; both institutes specialize in marketing and social research. The surveys were approved by the Ethics committees of the Universities of Heidelberg (1990) and Greifswald (2011). Before the first survey, the interview had been pretested with 20 persons to ensure maximum understandability of the questions. Results of the survey in 1990 have already been published separately (Angermeyer et al., 1995).

In both surveys, the same interview mode (face-to-face, paper–pencil) was used. On both occasions, the interview used identical wording and sequence of questions. In the first part, which is not subject of the present paper, we asked questions related to a case–vignette of a person with different mental disorders. The second part covered issues unrelated to the case–vignette. In both surveys, respondents who had answered questions related to a vignette depicting a person with alcohol dependence received further, vignette-unrelated questions on their perception of the stigma surrounding alcohol dependence, which are the subject of this paper (1990: $n = 1022$; 2011: $n = 1187$). Since the survey in 1990 had been conducted before reunification in the old Federal Republic of Germany, we restricted our analyses of the 2011 data to respondents living in the "old" states of Germany ($n = 967$). Socio-demographic characteristics of the study samples and of the German population of each year are reported in Table 1.

2.2. Measures

We assessed two aspects of perceived stigma. First, we asked respondents about the perceived salience of negative stereotypes associated with "alcoholics" among the general public (Angermeyer et al., 1995). Respondents were asked to rate the extent to which they believed the general public would endorse negative attributes of alcohol dependent patients: being short-tempered, unpredictable, aggressive, dependent on others, strange, stupid, scary, untruthful, and dangerous. The rating of each stereotype had to be given on five-point Likert scales with the anchors 1 = "is certainly true" and 5 = "is certainly not true". We reversed scores for our analyses, so that higher scores indicate higher perceptions of stereotypes.

Second, we used an adapted version of Link's Perceived Discrimination and Devaluation Scale (adopted Perceived Discrimination and Devaluation Scale, aPDDS;

Table 1
Socio-demographic characteristics of study samples and sum-scores of perceived stigma measures.

	1990		2011	
	Survey ($n = 1022$) (%)	Total population[a] (%)	Survey ($n = 967$) (%)	Total population[a] (%)
Gender				
Male	47.2	48.5	44.7	48.6
Female	52.8	51.5	55.3	51.4
Age (years)				
18–25	14.9	12.3	9.0	11.3
26–45	36.8	38.0	34.7	31.9
46–60	25.9	24.2	24.6	26.9
61+	22.4	25.5	28.7	29.9
Educational attainment				
Still student	1.6	0.4	0.6	1.0
No schooling completed	2.3	2.5	2.0	4.0
8/9 years of schooling	52.1	55.8	44.5	38.5
10 years of schooling	29.2	25.8	37.6	29.3
12/13 years of schooling	14.8	15.5	15.3	27.1
Mean perceived stereotypes sum-score[b] (SD)	30.4	(6.5)	30.2	(6.5)
Mean aPDDS sum-score[c] (SD)	41.3	(9.4)	37.2	(8.1)

[a] Data from the Federal Statistical Office of Germany.
[b] Range: 9–45.
[c] Adopted Perceived Discrimination and Devaluation Scale, range: 12–60; items 5–7, 9, 11–12 reversed.