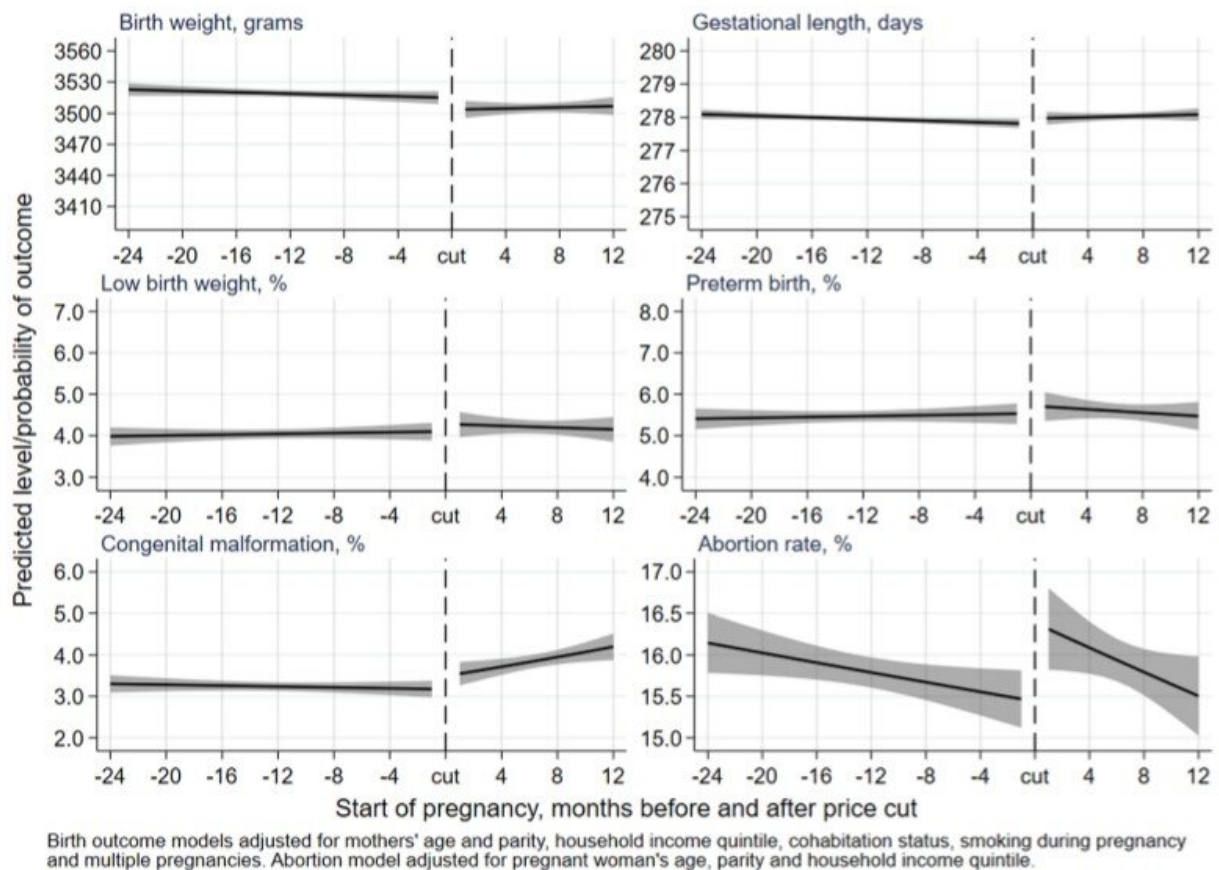


# When alcohol becomes cheaper, abortions and adverse birth outcomes increase, new research shows

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Alcohol price cut, birth outcomes and abortions—interrupted time-series analyses in 2002–05. Credit: *Addiction* (2023). DOI: 10.1111/add.16119

When Finnish policymakers cut taxes on alcohol and made importing alcohol easier, rates of abortion, pre-term birth, and low birthweight all rose, according to a new study published in the journal *Addiction*. Expanding the supply of cheap alcohol was followed by these pregnancy outcomes mainly among low-income women. Both abortions and adverse birth outcomes reverted to their previous levels after several months.

The short-term increase of adverse birth outcomes and abortions after the price cut implies that the price cut was followed by a period of increased drinking, after which the women at risk returned to the initial levels or patterns of consumption.

A plausible explanation for these findings is that when alcohol becomes more affordable to people with monetary constraints, they drink more. A population-level rise in drinking would cause a rise in prenatal exposure to alcohol and a corresponding rise in adverse birth outcomes. Another plausible explanation is that lower alcohol prices may increase unintentional pregnancies, causing a corresponding rise in abortions.

The study looked at 32,400 abortions and almost 170,000 [live births](#) over the two years before and one year after a tax cut that lowered the price of off-premises alcohol by 33%. Lowered alcohol prices were associated with a 0.84 percentage point increase in abortions immediately after the price cut. Furthermore, there was a 1.5 percentage point higher probability of low birth weight, and a 1.98 percentage point increased probability of preterm birth among low-income women after the [price cut](#).

**More information:** The association of lowered alcohol prices with birth outcomes and abortions: A population-based natural experiment, *Addiction* (2023). [DOI: 10.1111/add.16119](https://doi.org/10.1111/add.16119)

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