

Dull, dizzy or dead: models of alcohol consumption in undergraduate teaching

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Seminar “**Aspects of mathematics education at technical schools and universities**”
Brno, December 7, 2015

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- contribution to other harmful consequences (coronary heart disease, poisoning, cancer)

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- 2008: the European Commission and WHO started a project to establish the European Information System on Alcohol and Health.
- 2008 and 2009: a new set of indicators were developed and data was collected among Member States on alcohol consumption, harm and responses.

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- Actual spending on alcohol-related problems accounts for 66 billion euro, while potential production not realized due to absenteeism, unemployment and premature mortality accounts for a further 59 billion.
- **Aside from the mentioned tangible costs, alcohol use results in an intangible cost of between 152 and 764 billion euro.**

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- Random breath testing is done in 27 countries, and the others use selective breath testing or breath testing in the event of an accident.

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- 1 beer = 0.6 oz (about 20 ml) alcohol = 14 grams.
- BAC measured by breath: BAC 0.05 means that there are 0.05 grams of alcohol per 100 ml of blood or per 2100 ml breath.

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- Above 0.40% Unconscious, coma, impaired breathing, risk of death

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- Legal limit in Norway and Sweden is 0.02%, in Denmark, Finland and Iceland 0.05%, in Czech Republic 0%.

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 - **healthy liver metabolizes about 0.5 oz (17 ml) of alcohol per hour.**

Important facts

Interactive models on the web (<http://bloodalcoholcalculator.org/>)

How many drinks have you had?



Beer

0

State?

Alabama



Wine

0

Enter Weight

M/F?

Male



Shots

0

How long have
you been
drinking?

Min

[Calculator](#)

Personal teaching experience

- In the obligatory Matlab lab for the second year students in Differential Equations course at the Umeå University in Sweden I suggested as one of the tasks case study “dull (0.05), dizzy (0.15) or dead (0.40)?” adopted from the book “Drugs, Society and Human Behavior” by Oakley and Ksir (1993).

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- The system of differential equations is used to analyze the concentrations $C_1(t)$ and $C_2(t)$ of alcohol (effective BAL) at time t in the gastrointestinal tract and in the bloodstream respectively with Michaelis-Menten type function,

$$\frac{dC_1}{dt} = I - k_1 C_1, \quad C_1(0) = C_0,$$

$$\frac{dC_2}{dt} = k_2 C_1 - \frac{k_3 C_2}{C_2 + M}, \quad C_2(0) = 0.$$

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 - weaker students did not particularly like the task and had troubles with

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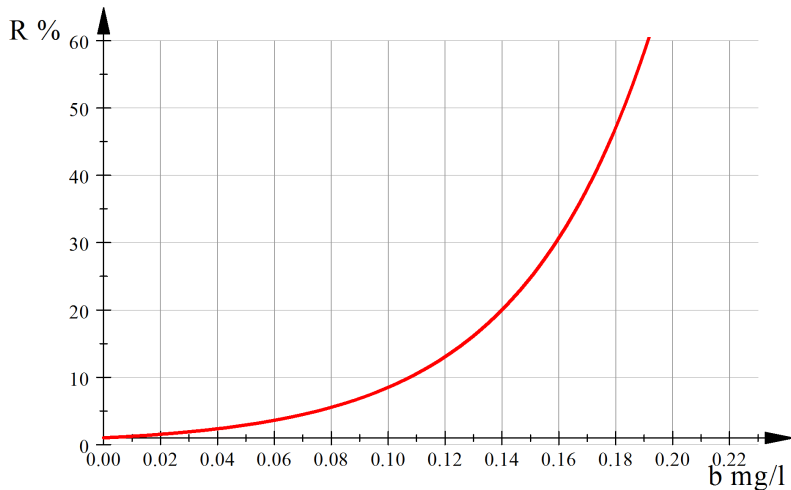
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“Responsible” drinking with the BAL below 0.05 corresponds roughly to three shots.

Risk versus BAL



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- Drinking phase:

$$\frac{dA}{dt} = l - \frac{\alpha A}{A + \beta^\nu}, \quad 0 \leq t \leq T, \quad A(0) = 0,$$

equation is used to determine the peak alcohol concentration M which is assumed to occur at the end of the alcohol consumption period, $M = A(T)$.

Further explorations (2-phase model)

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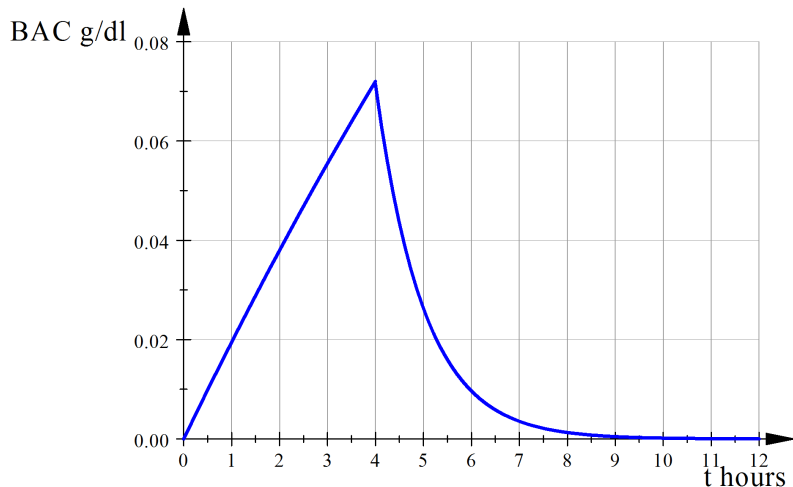
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- Recovery phase:

$$\frac{dA}{dt} = -\frac{\alpha A}{A + \beta^v}, \quad t > T, \quad A(T) = M,$$

equation is used to determine the instant t_* when BAC falls below the legal limit (or other prescribed limit).

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Further explorations (2-compartmental model)

- A simple model for the concentration A of the alcohol in the stomach and concentration B of alcohol in the blood consists of two differential equations

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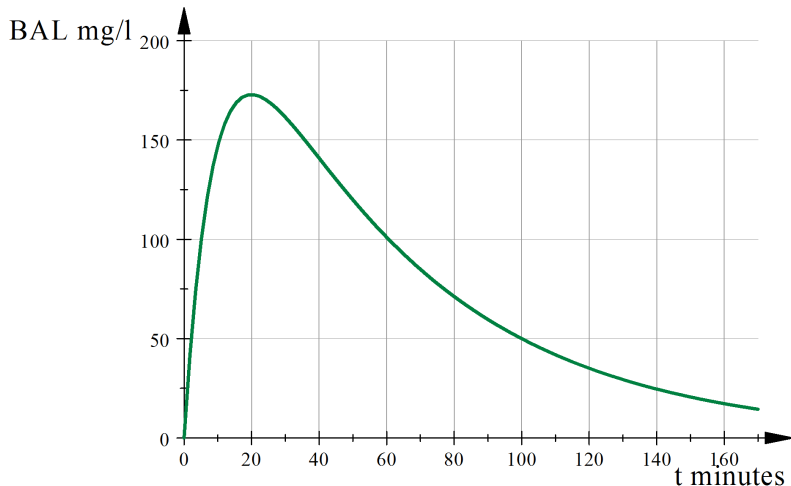
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- Due to simplicity of the system, it can be integrated directly yielding an explicit formula for the alcohol concentration in the blood,

$$B(t) = A_0 \frac{k_1}{k_2 - k_1} (\exp(-k_1 t) - \exp(-k_2 t)).$$

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- This is achieved by minimizing the sum of squares of the form

$$S(t) = \sum_{i=1}^n (d_i(t_i) - f_i(t_i))^2,$$

where $d_i(t_i)$ are taken from the given data set.

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 - temporarily recovered class of drinkers with drinking frequency $R(t)$.

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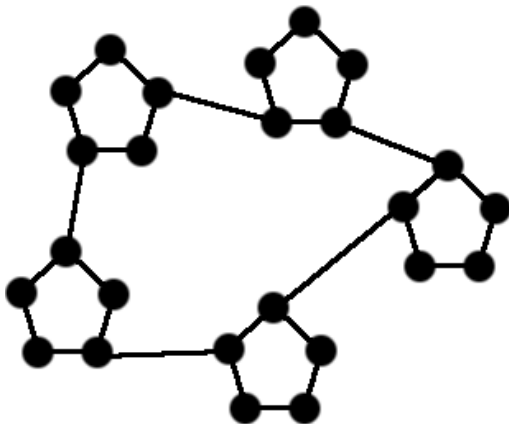
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 - individuals who permanently quit drinking $Q(t)$.

Further explorations

- Choosing u as the probability for an individual to be involved in alcohol related problems, one may consider a logistic-like model governing the dynamics of u and capturing the spread or persistence of drinking habits in a society in relation to the society structure, like

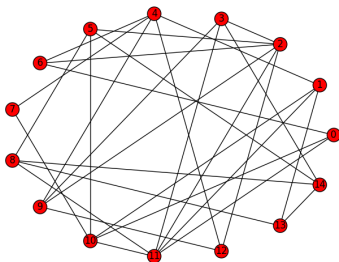
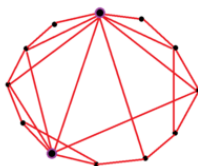
Further explorations

- Choosing u as the probability for an individual to be involved in alcohol related problems, one may consider a logistic-like model governing the dynamics of u and capturing the spread or persistence of drinking habits in a society in relation to the society structure, like
- **connected-cavemen**



Further explorations

- small world and random



- Mathematically, the system of equations is

$$u_i' = u_i (1 - u_i) (r \deg i - A(i; *) u_i),$$

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- r is a threshold value which measures individual's resistance to external influence,
- $\deg i$ denotes the degree of a node i , i.e., the number of people that individual i has relation with, and
- $A(i; *)$ is the i -th column of the adjacency matrix A whose entry $A(i, j) = 1$ if individuals i and j know each other.

From student projects to research

- 2006 Graduate Student Mathematical Modeling Camp at Rensselaer Polytechnic Institute, Troy, NY, “Modeling Alcohol Problems with Structured Populations” (random networks)

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- Chris Ludwin, University of South Florida, “Blood Alcohol Content”, Undergraduate Journal of Mathematical Modeling: One + Two, Volume 3, Issue 2, Article 1, Spring 2011 (integrable system of 2 DEs)

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- Andrew Abbate, Kevin McCarthy, and Rona Wilf, “Multi-Compartmental Model for Blood Concentration of Ethanol and Acetaminophen over Time”, BMES 546 Fall 2013 (5 compartmental model)

From student projects to research

- Francisco-José Santonja, Emilio Sánchez, María Rubio, and José-Luis Morera, Alcohol consumption in Spain and its economic cost: A mathematical modeling approach, *Mathematical and Computer Modelling*, Vol. 52 (2010), pp. 999-1003

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- Swarnali Sharma and G.P. Samanta, Drinking as an epidemic: a mathematical model with dynamic behaviour, *J. Appl. Math. & Informatics*, Vol. 31 (2013), pp. 1-25

Thank you for your attention!



I hope you enjoyed my presentation...