# TEENS, TOBACCO, AND MENTAL HEALTH

## THE BACKGROUND

Tobacco leaves, which are smoked, chewed, or sniffed, contain a *chemical called nicotine*. Nicotine is an addictive substance, which can change the way the brain works and can cause nicotine cravings.

Commercial tobacco, like cigarettes and vapes, contain thousands of chemicals, which cause health issues.

When using commercial tobacco products, users crave the nicotine, which also exposes them to unhealthy chemicals.



"Tobacco use is one of the strongest predictors of suicidal behavior in youth and adults, even after controlling for depressive symptoms, other substance use, and prior suicidal behavior. Heavy smokers with mental illness in areas where smoking is restricted may find it difficult to participate socially, leading to isolation." (Prochaska, et. al, 2013)

#### THE SOLUTION

Clinicians should regularly assess and treat tobacco use with their patients and utilize the 5 A's of tobacco treatment:

Ask about smoking/vaping Advise their patients to quit Assess readiness to quit offer Assistance Arrange follow-up with cessation efforts.

Support the use of cessation/stop smoking services. People who use a stop smoking service are three times more likely to quit. Call 1-800 QuitNow or visit QuitWithUsLa.org for more info.

#### **OTHER TIPS** for promoting tobacco cessation among youth:

Incorporate physical activity into lifestyle. Youth reported doing so helped stop cravings.

- Be prepared for changes and have a support system.
- Utilize breathing exercises, healthy eating, drinking water/fresh juice, reduce caffeine/refined sugar intake, and increase fiber intake to help fight withdrawal symptoms.
- Avoid known tobacco-related behavior triggers.





### Smoking/vaping can interfere with some psychiatric medication. Medications affected to tobacco use include:

PSYCHIATRIC MEDICATION		DEGREE OF EFFECT	SMOKING	SMOKING CESSATION
Antipsychotics	Amisulpride	No Effect		
	Chlorpromazine	Moderate	Lower serum levels Less drowsiness and hypotension May need higher doses	Increased serum levels May need lower doses
	Clozapine	Moderate	Lower serum level Will need higher doses	Increased serum levels Will need lower doses Monitor closely for signs of toxicity
	Fluphenazine	Moderate	Serum levels may be lower	May increase serum levels Possible increased drowsiness or extrapyramidal side effects May need lower doses
	Haloperidol	Moderate	Lower serum levels Need higher doses	Increased serum levels May need lower doses Possible increased drowsiness, extrapyramidal side effects, hypotension
	Olanzapine	Moderate	Lower serum levels May shorten half-life	Increased serum levels May need lower doses
	Perphenazine		Lower serum levels	May increase serum levels Monitor response May need lower doses
	Quetiapine	No known effect		
	Risperidone	No known effect		
	Thioridazine	High		Risk of cardiotoxicity
	Ziprasidone	No known effect		
	Zotepine	No known effect		
Anticonvulsants	Carbamazepine	None to minimal effect		
	Phenytoin	Moderate	Varying reports	Varying reports
	Valproate	Moderate	Varying reports	Varying reports
Hypnotics & Anxiolytics	Benzodiazepines Aprazolam Chlordiazepoxide Clonazepam Diazepam Loprazolam Lorrazepam Lorrmetazepam Nitrazepam Oxazepam Temazepam	Moderate	Lower plasma levels May need higher doses	Possible increased sedation May need lower doses
	Zolpidem		May lower plasma levels Possibly less hypnotic effect Heavy smokers may need higher doses	Increased plasma levels Possible increased sedation May need lower doses
Lithium		Possible indirect effect Smoking increases caffeine metabolism, and significant changes in amount of caffeine may affect serum lithium levels		Theoretically, could indirectly change lithium excretion Check levels especially if deterioration is evident
NaSSAs	Mirtazapine	Clinical significance unclear	Lower serum levels	May increase serum levels
Opiods	Methadone	Moderate		Sedation and respiratory depression
SNRIs	Duloxetine		Lower plasma levels	Increased plasma levels Possible increased side effects May need lower doses
SSRIs	Fluvoxamine	Moderate	Lower serum levels	May increase serum levels
Tricylic Antidepressants	Amitriptyline Clomipramine Imipramine Nortriptyline	Moderate	Lower plasma levels Serum levels fall but free drug levels rise minimising clinical significance	May increase serum levels Monitor for side effects and consider dose adjustment if appropriate

https://www.cdc.gov/tobacco https://www.lung.org/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3715391/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314348/ https://www.cdc.gov/ https://www.mentalhealth.org.uk/a-to-z/s/smoking-and-mental-health https://www.pharmacytimes.com/view/how-smoking-affects-medications

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