



## Drug Interactions with Tobacco Smoke

Tobacco smoke can interact with your medications. It is the smoke, not the nicotine that causes the interactions. The smoke can affect how the drug is absorbed, spread through the body, broken down or removed from the body. Higher doses of drug may be needed if you smoke, and after quitting smoking, the dose may need to be reduced. The smoke also can affect how the drug works in your body. The most important interactions are listed below.

<b>Affects the absorption, distribution, metabolism, or removal of other drugs</b>	
<b>Drug/class</b>	<b>Interactions and effects</b>
Alprazolam (Xanax)	There might be less in the body causing it to not work as well.
Bendamustine (Treanda)	This drug kills living cells when being treated for cancer. Tobacco smoke breaks down the drug and won't kill cells like it should.
Caffeine	Caffeine will be removed from the body quicker when smoking, causing people to drink more coffee and energy drinks. When stopping smoking there will be a lot more caffeine in the body which can cause side effects.
Chlorpromazine (Thorazine)	Smokers may need higher doses because the drug is removed from the body quicker. It is possible to have low blood pressure and more energy.
Clopidogrel (Plavix)	Tobacco smoke can make this drug work better, causing a greater chance of bleeding.
Clozapine (Clozaril)	There is a lower amount of drug in the body because of smoking. After quitting, the amount of drug in the body will go up and doses would need to be lowered to avoid harm.
Erlotinib (Tarceva)	Smokers get rid of this drug a lot quicker than a non-smoker causing it to not work as well as it should for treating cancer.
Flecainide (Tambocor)	Smokers may need higher doses because the drug is cleared faster compared to a non-smoker.
Fluvoxamine (Luvox)	The drug is broken down faster causing the amount in the body to be lower.
Haloperidol (Haldol)	The amount in the body will be lower causing the drug to not work as well.
Heparin	Smoking can increase the risk of blood clots. Smokers may need higher doses to keep that risk low.
Insulin, Subcutaneous	Nicotine might increase the amount of sugar in the blood causing a need for higher insulin doses. The amount of insulin absorbed can also be reduced, making blood sugar high as well. When stopping smoking, insulin doses might need to be lowered to avoid side effects from low blood sugar.

Irinotecan (Camptosar)	The amount of drug working in the body is lower than it should be for a smoker. This means higher doses might be needed for treatment to work correctly.
Methadone	Levels of the drug in the body might be lower, making it not work as well. Once quitting smoking, be aware that side effects could happen from more drug being in the body.
Mexiletine (Mexitil)	Smoking can cause the drug to be removed from the body a lot faster, making it not work like it should.
Olanzapine (Zyprexa)	Smokers might need higher doses because the amount in the body is decreased.
Propranolol (Inderal)	The amount of drug cleared from the body is increased. When changing smoking habits, the doses may need to be changed to keep it working correctly.
Riociguat (Adempas)	Higher doses might be needed because smoking reduces the amount of drug in the body. Lower doses might be needed after quitting.
Ropinirole (Requip)	This drug might not work as well as it should because smoking removes it from the body faster than normal. Higher doses might be needed.
Tacrine (Cognex)	Higher doses might be needed because the amount in the body is a lot lower than is needed.
Tasimelteon (Hetlioz)	The drug might not work as well, so smokers would need higher doses.
Theophylline (Theo-Dur)	Doses need to be higher in smokers because the drug is removed faster than normal from the body. Second-hand smoke can cause the drug to not work as well either.
Tizanidine (Zanaflex)	The drug may not work as well as it should in smokers.
Tricyclic antidepressants (ex. imipramine, nortriptyline)	These drugs may not work as well as they should because of less drug found in the blood.
Warfarin	Smoking can make this drug not work like it should; this puts a patient at higher risk of getting a blood clot. Their INR should get checked when smoking habits change.
<b>Affects the expected response of the medication</b>	
Benzodiazepines (diazepam, chlordiazepoxide)	Nicotine can make you more alert and have more energy when these drugs can make you sleepy.
Beta-blockers	Higher doses might be needed to control blood pressure and heart rate.
Corticosteroids, inhaled	Smoking might make these drugs not work as well as they should.
Hormonal contraceptives (combined)	Smoking and hormonal birth control increase your risk of blood clots. Using them together increases that risk even more. The risk continues to increase as you get older and if you are a heavy smoker.
Serotonin 5-HT <sub>1</sub> receptor agonists (triptans)	Smokers are at a higher risk for heart problems and these drugs can have side effects on the heart. Using them together can increase the risk of serious heart problems.