

Name: _____

Date: _____

Substance Abuse

X C S G F D Q U O A H I U Z N R J
G O M A D D I C T I V E N G E M P
R I Y B E Y B Z X J K X O J C P J
R R S S E N E R A W A E I N N R B
E D V N I Q T S G A K S S H E E V
C G V K Q K B P V O N U S Z D V P
N K N S Q V Z W R Q E F E A N E Q
A G W T L W G T M W X Q R W E N S
C Y V C O U S V L Q S J P J P T M
G R O E H H H Y E D K S E U E I A
N A P F O R G Q D U Q G D J D O R
U U I F C D H K U V T P E L N N I
L Y V E L Z L Y F D O X H G C Q J
F N A E A X C I G A R E T T E S U
S X G D T E Q C N Z Y S X W U M A
A H G I G C L Z N U P T J U T L N
A U B S G C F F I I F O S R O M A

side effects
depression
awareness
Alcohol

lung cancer
cigarettes
marijuana
stroke

prevention
dependence
addictive