

Name: _____

Date: _____

What could it hurt? Nicotine & Alcohol

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

blood pressure
muscles
wallet
liver
lungs

environment
stinks
family
brain
heart

eyesight
breath
cancer
teeth
skin