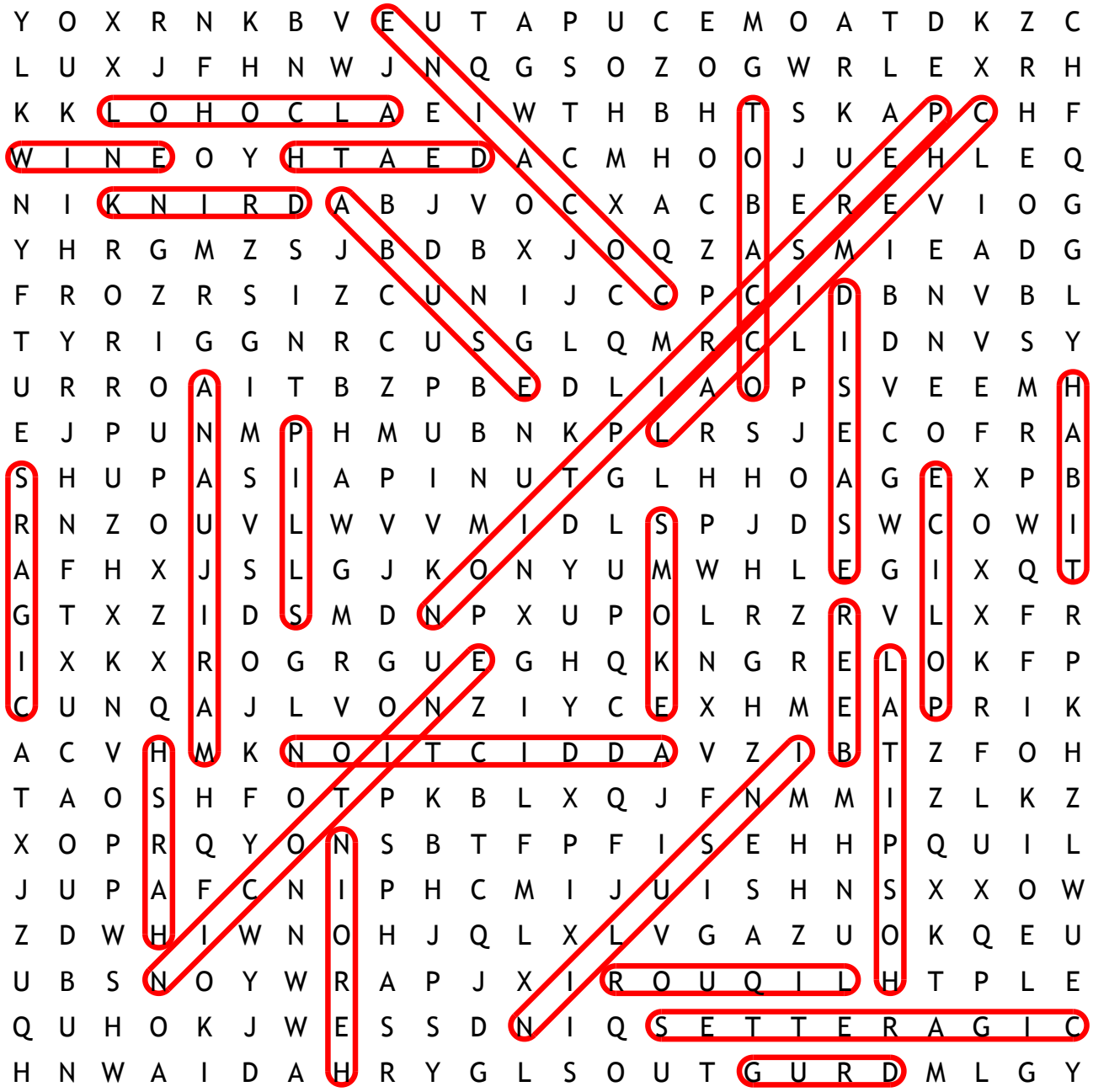
Name: _____ Date: _____

Substance Abuse



perscription
nicotine
tobacco
cigars
harsh
drug

cigarettes
chemical
alcohol
pills
habit

marijuana
insulin
police
death
abuse

addiction
cocaine
liquor
smoke
wine

hospital
disease
heroin
drink
beer