

Name: _____

Date: _____

Addiction

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

tolerance substance addiction overdose
disorder alcohol chronic danger
drugs abuse pain loss