

Name: _____

Date: _____

Cocaine

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

Hallucination

Coca Leaves

Stimulant

Addiction

Cocaine

Anxiety

Snort

Flake

Abuse

Coke

Drug

Blow