

Name: _____ Date: _____ Period: _____

Drugs

D F L A L C O H O L

E T T O B A C C O B

P M A R I J U A N A

R S T I M U L A N T

E A D D I C T I O N

S O K C O C A I N E

S D N A R C O T I C

I J I N H A L A N T

O E S M O D R U G S

N U N I C O T I N E

depression stimulant marijuana Addiction

inhalant nicotine narcotic cocaine

tobacco alcohol drugs