Name: _____ Date: _____

Drugs

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

Hallucinogens
Meth Mouth
marijuana
Heroine
Rehab
DWI
Depressants
Stimulants
cannabis
Opioids
Xanax
LSD
just say no
Synthetics
Alcohol
Tobacco
Meth
OVI
Painkillers
Inhalants
Cocaine
Crack
OMVI
Bath Salts
narcotics
Ecstasy
Opium
DUI