

Name: _____ Date: _____ Period: _____

Drugs

P B B A T H S A L T

D C E K O C Z F I G

E N O D O C Y X O W

A Z O E S L L I P E

J H W H B K S R Z E

A T A E S M O K E D

W L N R B S G U R D

K A S O M E T H B Z

O E V I N A E L X K

T H W N O X Y N U G

oxycodone bathsalt Heroin health

smoke pills drugs lean

meth coke weed