

Name: _____

Date: _____

Substance Abuse

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

dextromethorphan

hallucinogen

tranquilizer

marijuana

adderall

inhalant

nicotine

alcohol

opioid

spice