

Name: _____

Date: _____

drugs

B A L C O H O L H T

Z R C R A C K X G O

S T N A L A H N I B

R V D Q F A Z X H A

M A R I J U A N A C

W P U M Z Y P S C C

E G N H E R O I N O

E R K F S X K H N V

D O D J S M O K E V

C O C A I N E N T L

inhalants marijuana alcohol tobacco

cocaine heroin smoke crack

drunk weed high