

Name: _____

Date: _____

substance abuse

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

Coordinator	Information	Inspiration	Therapeutic	Addiction
Cognitive	Community	Education	Expeditor	A Change
Creative	Thinking	Pull up	Push up	Service
Support	Energy	Senior	Group	Habit
Four	AMD	PMD		