Name: _____ Date: _____

Cocaine

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

Heartattack	Depression	Addictive	Snorting
Overdose	Illegal	Cocaine	Danger
Abuse	Crack	Death	Crazy
Drug	High	Pipe	