Name: _____ Date: _____ Period: _____

Marijuana

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

Sleeplessness
Depression
Anxiety
Pot
Memory Loss
Marijuana
(THC)
Aggression
Cannabis
Weed