GHB, Xanax and the “Date-Rape Drug” Label

Evidence, public wording and responsibility for correcting the record

Prepared for Great Scott (Scott Gilbert) | 19 September 2026

Executive finding

The strongest supported case is for an evidence-based review of public messaging, not a declaration that GHB-related sexual assault is a hoax or that Xanax is the single “real” date-rape drug. Canadian and American sources both use the GHB label; some American material explicitly names alprazolam/Xanax, but Canadian counterexamples exist too. The research question is whether particular agencies’ wording accurately distinguishes a drug’s possible effects, its observed involvement in cases, and the evidence behind claims about frequency. [3–10]

The recovered database records GHB-family language in 28 of 31 eligible Canadian communication lineages, compared with explicit alprazolam language in two. A new exploratory check finds some form of benzodiazepine reference in 21 of those 31 lineages. This substantially narrows the original theory: limited naming of Xanax is not the same finding as suppression of the whole benzodiazepine class. These are counts of existing codes in an incomplete, selected corpus—not estimates of all Canadian messaging or sexual assaults. [1]

No reviewed database result establishes a manufacturer-to-agency scheme to misdirect sexual-assault messaging. That hypothesis remains investigable, but the previous AI-generated probability scores were unsupported and should be withdrawn. Current publishers can correct misleading, ambiguous or poorly sourced material without waiting for a finding about its historical origin or anyone’s intent. [1–2]

1. Scope, provenance and the investigation’s status

This report combines the live daterapeisxanax.com essay; relevant retrieved material from the imported account archives, particularly conversations-010.json and conversations-011.json; the cumulative Canadian drug-language database checkpoint dated 10 August 2026; and targeted primary-source checks for this report. The imported threads include “Corporate Narrative Displacement Theory,” “GHB Health Canada Critique,” “Date Rape Victim Estimates,” and “AI Oversight and Public Messaging.” Retrieval does not establish that every conversation from both accounts was available or reviewed exhaustively. [1–3]

The recovered archive’s SHA-256 is 7dc58779f152fb9b921c3c6aa1346caaa3e7be9beb8e49fb080f110b96da59d4. Its Prompt 14 SQLite file passes the SQLite integrity check and has zero reported foreign-key violations. Queries reproduced the attention counts. These tests establish file identity and structural consistency, not the accuracy of every underlying interpretation. The database was opened read-only and its before-and-after hash is unchanged. [1]

Prompt 12 contains 35 source records, 18 evidence-series records and 57 drug-result records. Prompt 13 contains 46 source records grouped into 38 communication lineages, of which 31 qualify for its paired comparison. Prompt 14 contains 43 source records, 34 communications, 20 documented

relationships, nine content-dependency records and 11 temporal-pathway records. These modules overlap and must not be added together as a unique-source or incident total. [1]

The investigation is presently at the stage of a documented communications concern, a reproducible preliminary corpus, identified counterexamples, and a records-based testing plan. This review does not verify a complete correction-request correspondence history, an agency admission, a criminal finding, or a court-stamped proceeding supporting the website's prosecution language. Proposed database corrections below have not been committed, and the website has not been changed.

2. What the database actually shows

A communication "lineage" groups related documents, such as coverage of the same campaign, so that repeated copies do not automatically become independent observations. The original comparison requires an eligible source and lineage, a coded opportunity for comparison, an explicit mention, and an explicit connection to drug-facilitated sexual assault (DFSA). [1]

Existing coded category	Eligible lineages with a qualifying mention	Share of 31
GHB family, including GHB/GBL/1,4-butanediol	28	90.3%
Flunitrazepam/Rohypnol	20	64.5%
Alcohol	10	32.3%
Ketamine	9	29.0%
Benzodiazepines named as a class	7	22.6%
Alprazolam/Xanax explicitly named	2	6.5%
Any recorded benzodiazepine reference: class, flunitrazepam or alprazolam	21	67.7%

The final row is a new exploratory union of the existing codes, not a preregistered result. Categories overlap; their percentages cannot be added. GHB and alprazolam counts reproduce P13_EXEC_001_GHB and P13_EXEC_001_ALP. The accompanying audit includes the exact SQL, all 31 eligible lineages and the underlying mention records. [1]

The pattern is worth investigating, but five limitations materially affect its interpretation. The corpus was purposively assembled, not randomly sampled. It includes single-drug pages, which naturally mention their own subject; this can bias a broad comparison unless matched by page type. It mixes government, police, clinical, media and advocacy sources. A mention can challenge a claim rather than endorse it. Finally, a GHB-family category is broader than the individual drug alprazolam. A class-wide inference requires a class-wide comparator. [1]

Accordingly, the database supports "GHB-family terms appear more often than explicit alprazolam in these located sources." It does not yet establish "90% of Canadian messaging falsely blames GHB,"

"benzodiazepines were erased," or a national rate of Xanax omission. The original confirmatory model remains blocked by inadequate independent-lineage coverage. Its proposed messaging-to-toxicology ratio also remains blocked because comparable Canadian named-drug denominators are missing. Failure of those gates is a failure to complete the planned test—not proof for or against the underlying conspiracy hypothesis. [1]

Corrections required in our own evidence record

Spot-checking found three date problems. P13_SRC_008 records the CMAJ commentary as 9 January 2001; its publication record identifies 10 July 2001. P13_SRC_007 treats 8 June 2001 as the CASAC article's publication date, although the cited medical reference identifies that date as an access date. P13_SRC_013 records a James Moore petition as 1 November 2005, but its linked Hansard is 16 November 2005. The petition's relevant wording is present at that link. [11–12]

These specific corrections do not change the paired-window eligibility or drug identities of those sources, but they matter to an origin timeline. They also show why a technically valid database cannot substitute for source verification. The CASAC page returned an access error during this review; the surviving bibliographic reference is evidence of an earlier text, not a substitute for recovering its full original version. [11]

3. Canada and the United States: compare actual wording

Source and date	What the source says or does	What it establishes
Health Canada, live GHB page; displayed modification date 8 February 2023	Uses "often called a date-rape drug"; lists liquid GHB as "tasteless."	A current federal naming and sensory-description choice, not a national prevalence finding. [4]
CBSA/RCMP, 30 October 2025	Calls GHB the "date-rape drug" in a list reporting 3,600 litres of 1,4-butanediol.	Sexual-assault language attached to a precursor seizure; not evidence of an assault involving that shipment. [5]
Alberta RCMP, 30 April 2026	Says GHB is sometimes described as a date-rape drug and also used recreationally; reports suspected GHB.	More qualified wording than an exclusive label; suspicion must not become laboratory confirmation. [6]
U.S. National Institute of Justice, 9 November 2017	Explicitly gives "alprazolam (Xanax) or gamma-hydroxybutyric acid (GHB)" as examples.	U.S. federal language can name the prescription drug and brand; this does not rank their prevalence. [7]
U.S. DEA, 19 September 2002, Operation Webslinger	Also labels GHB the "date rape" drug.	GHB-centred enforcement wording is not uniquely Canadian. [8]
St. Boniface General Hospital, September 1998	Toxicologist Dr. Robert Meatherall explicitly names alprazolam among drugs associated with amnesia and previous use for the described purpose.	A direct Canadian counterexample to claims that alprazolam was never named. [9]

Source and date	What the source says or does	What it establishes
The Martlet, 4 November 2018	Josh Kozelj's article names alprazolam/Xanax in coverage of a drink-testing product.	A second Canadian naming example; the product's performance is not independently validated by the article. [10]

The appropriate comparison is therefore agency-to-agency, genre-to-genre and period-to-period. Comparing a Canadian seizure announcement with an American forensic explainer can reveal wording choices, but cannot by itself establish national concealment. The NIJ passage shows a useful alternative: name several relevant substances rather than treat a label as a diagnosis. [5,7–8]

There are also Canadian counterexamples to universal claims of silence. The current VPD "Drug-Assisted Sex Assault" page includes a benzodiazepine category, although misspelled, among a broad drug list. Its existence does not prove that the list's frequency language is evidence-based, but it contradicts an assertion that VPD never mentions the class. [13]

Three concrete Health Canada review requests

First, the unconditional "tasteless" description should be reconciled with clinical descriptions. CAMH says appearance and taste can vary, including a slightly salty or solvent taste. That discrepancy warrants a sourced qualification; it does not show that covert administration is impossible or make personal tasting experiments reliable evidence. [4,14]

Second, Health Canada's page both warns of coma and death and says, "Even though GHB is not known as a dangerous drug." At minimum, that is confusing without an explanation of whose perception is being described. It is a specific, checkable correction issue independent of any conspiracy theory. [4]

Third, explaining assault risk principally through inability to resist should give way to consent-centred wording. Public education should distinguish impairment, memory loss and capacity, and should not imply that a victim must fight back or identify a particular drug to be taken seriously. [7,15]

4. What toxicology can—and cannot—settle

Janice Du Mont and colleagues' Ontario study is central to Prompt 12. Of 882 eligible participants, 184 met suspected-DFSA criteria. Among 135 cases with positive findings, 87 had a drug not reported as voluntarily consumed in the preceding 72 hours. GHB accounted for one of those 87 unexpected-positive cases, reported as 1.1%. The study's unexpected findings extended well beyond the familiar GHB/Rohypnol narrative. [16]

That is not a finding that GHB caused only 1.1% of all sexual assaults, that the other 98.9% involved Xanax, or that an unexpected detection proves intentional administration. Its denominator is a selected subgroup, and its classification depends partly on reported prior consumption. It does not supply a matched Canadian alprazolam prevalence estimate. [1,16]

Six propositions must remain separate: a substance can impair someone; it was detected; the person did not knowingly take it; another person administered it; it affected capacity at the relevant time;

and a sexual assault occurred. Evidence for one proposition does not automatically establish the next. Timing, prescribed medication, treatment after an incident, specimen type and corroborating evidence matter. [15,17]

GHB's rapid elimination can make delayed testing uninformative. But that limitation is neither proof of absence nor proof of hidden GHB. Benzodiazepine testing also depends on the assay and metabolites included. UNODC specifically warns that some screening methods miss benzodiazepines. A meaningful comparison must measure the opportunity to detect each substance rather than compare unadjusted positives alone. [15]

The original personal-experience argument should therefore be replaced with an expert-led review. Blackout duration, perceived taste or similarity to an earlier experience cannot identify what happened in someone else's case. Widespread prescribing may establish availability, but not illicit administration, branded-product involvement or the number of assaults attributable to a drug. The goal is better sampling and interpretation—not replacing one presumed culprit with another. [9,14–17]

5. The people and institutions that can clarify the record

The following names identify documented contributions, records holders or inquiry leads. They are not a list of participants in a proven scheme.

Dr. Robert Meatherall and St. Boniface General Hospital. The September 1998 memorandum is an early Canadian source explicitly naming alprazolam. Its underlying references, distribution list, laboratory validation records and later revisions could show what professional audiences knew and how widely that knowledge circulated. Its older detection instructions should not be republished as current medical advice. [9]

James Moore. In Hansard on 16 November 2005, the then-MP presented a petition associated with his campaign, naming GHB and Rohypnol and seeking stronger penalties, public education and evidence-collection guidance. His campaign materials and source references are relevant to political transmission of the terminology. The petition is evidence of advocacy, not proof that its factual premises were tested or adopted as parliamentary findings. [12]

Staff Sergeant Pierre Gauthier, Daniel Petit and Professor Line Beauchesne. At the House Justice Committee on 11 May 2009, Ottawa Police witness Gauthier described ketamine, GHB and Rohypnol as drugs whose main purpose was drink-spiking. MP Petit framed GHB purchase in terms of attacking women. Beauchesne challenged the emphasis, pointing instead to alcohol and disputing GHB's frequency. [18]

This is a particularly useful testing point: obtain the case counts, laboratory identifications and briefing material behind the police frequency assertion. Beauchesne's testimony must also be checked, not treated as an epidemiological finding. The English transcript groups Valium with barbiturates; that is a classification problem requiring comparison with the original-language record, not repetition as pharmacology. The hearing proves that competing accounts were voiced publicly, not which was correct. [18]

Kate Molloy, the Kerrisdale Oakridge Marpole Community Policing Centre and Vancouver Police Foundation. The Foundation's January 2024 "Shield Your Sip" article identifies Molloy as the

community centre's executive director and campaign driver at that time. It quotes a broader list of substances, not GHB alone. The campaign's funding, source notes, content approvals and distribution agreements are useful records targets. Foundation publication must not automatically be attributed to VPD authorship. [19]

Nina Patel, Assistant Commissioner Lisa Moreland and Gary Anandasangaree. These officials are quoted in the 30 October 2025 joint CBSA/RCMP announcement in their stated roles at that time. Their quoted endorsements identify public-facing institutional participants; they do not establish who drafted or approved the separate GHB descriptor. That requires the release's version history and approval routing. [5]

Health Canada's scientific and communications owners. The GHB page does not identify an individual author. The accountable starting point is the department publishing it and the program responsible for its scientific review. Ask for the responsible positions, not an invented attribution to a minister or spokesperson. [4]

Janice Du Mont and colleagues; Erica Weir; and U.S. NIJ authors. These are sources or potential expert witnesses about studies and wording—not suspects. The NIJ sidebar is attributed to an article by Heather Waltke, Gerald LaPorte, Danielle Weiss, Dawn Schwarting, Minh Nguyen and Frances Scott. The older CASAC critique, cited as a work by T. Gorin, also cautions against treating sexual-assault organizations as a uniform bloc that simply amplified a drug scare. [7,11,16]

6. Pharmaceutical interests: what was found and what remains missing

The imported discussions proposed that commercial actors may have benefited when attention fell on GHB rather than profitable prescription sedatives. That is a testable hypothesis about interests and conduct. Commercial benefit, however, is not proof that the beneficiary produced the message. Earlier AI responses repeatedly converted general examples of pharmaceutical influence into numerical confidence about this specific case. That inference was not justified. [2]

Prompt 14 is more restrained. It records corporate succession involving Upjohn, Pharmacia & Upjohn, Pharmacia, Pfizer and the later Pfizer-Upjohn/Mylan combination into Viatris; product-rights snapshots; regulatory relationships; trade-association links; and a 2013–14 StrategyCorp/Pfizer Canada lobbying registration. It distinguishes a corporate parent from a particular product's trademark license, marketed product or jurisdiction. None of its 20 relationship rows asserts demonstrated narrative influence. [1]

The lobbying registration is a lead about access to decision-makers, not evidence of lobbying about this wording. A regulatory submission is not proof of secret messaging coordination. Government funding of a clinical guideline is not pharmaceutical funding. Likewise, a later corporate statement cannot explain an earlier agency publication unless an earlier causal connection is established. [1]

A major counterpoint is that pharmaceutical GHB exists: CAMH identifies Xyrem, and Prompt 14 includes Jazz/Orphan Medical records. The claim that GHB had no pharmaceutical interests behind it is too broad. This does not rule out a historically specific benzodiazepine-interest hypothesis; it requires a dated account of which company held which commercial interest and what it actually did. [1,14]

The missing evidence is a content-specific pathway: a dated instruction, draft, contract, meeting record, payment or credible account showing that an identifiable actor sought to redirect DFSA messaging, followed by a traceable institutional decision. The bounded search did not locate that pathway. Its coverage table still records 37 open gaps, and its stopping criterion was not met. “Not found in this corpus” must not become either “proved absent” or “therefore successfully hidden.” [1]

7. How to determine what happened

Trace publication history before assigning intent

Begin with the specific live Health Canada page and the dated RCMP/CBSA releases. Request their earliest available versions, prior templates, scientific source lists, drafting and approval records, correction logs, contractor briefs and content-management history. Ask who owned the scientific review and when it was last performed. Trace each claimed source backward instead of demanding an undifferentiated archive of every drug-related email.

Use staged date ranges: the named publication and its development period first; then the earliest identified predecessor and relevant campaign years. Include GHB, gamma-hydroxybutyrate, GBL, 1,4-butanediol, Rohypnol, flunitrazepam, alprazolam, Xanax, benzodiazepine, drink-spiking and DFSA variants. Require records to distinguish author, approving manager, scientific reviewer, quoted spokesperson and distribution partner.

A documented reuse chain may support ordinary copying, selective editing, or coordinated messaging. Similar short phrases alone are weak evidence of direction. A claim that language was imported from the United States needs an actual shared source or correspondence. The 2000 U.S. Act, which directed GHB scheduling and public education, is a concrete historical transmission lead—not proof that Canadian agencies copied it or that industry caused it. [20]

Audit the laboratory opportunity to detect substances

Seek de-identified aggregate case data from relevant forensic laboratories and sexual-assault centres, plus the testing protocols applicable in each year. Record collection delay, blood or urine, storage, assay panel, detection thresholds, confirmatory methods, prescribed or voluntarily reported substances, and medication given after the incident. Keep cases in which a target was not tested separate from tested-negative cases. These are proposed audit fields addressing known interpretation problems, not a request to publish survivors’ identifiable records. [15,17]

Use the denominator “specimens adequately tested for this target within a relevant window,” rather than every assault report. Preserve uncertainty when the window or assay is unknown. Distinguish confirmed chemical identity in a seized sample from an inference about use in an assault. A large seizure, by itself, cannot establish the intended use of each unit or the number of victims.

Test communications fairly

Register a Canada/U.S. source frame before counting outcomes. Match agency type, publication genre, era, drug availability and the opportunity to mention alternatives. Include general DFSA guidance as well as matched drug pages and seizure releases. Code “a,” “the,” “sometimes,” “commonly,” and

"most frequently" separately. Record whether each phrase is asserted, quoted, rejected or repeated without assessment.

Use independent reviewers who are unaware of the preferred conclusion for a sample of coding, publish disagreements, and group copied releases. Report missing archives and search failures. Re-run the original confirmatory test only after its coverage requirement is genuinely met. Do not silently substitute the new descriptive benzodiazepine union for that uncompleted test. [1]

Distinguish competing explanations

Hypothesis	Evidence that would strengthen it	Evidence that would weaken it
Familiar shorthand or institutional copying	A shared public source and routine reuse without targeted omissions	Content-specific instructions to suppress alternatives
Unequal detection shaped beliefs	GHB and alprazolam had materially different sampling or assay coverage	A robust comparison after comparable testing opportunities
Commercial influence altered messaging	A company-linked brief, payment or intervention tied to specific wording changes	Relevant wording predating the alleged intervention, or complete records showing independent development
Knowing misleading communication	Evidence that responsible decision-makers understood a material problem and deliberately preserved it for an improper purpose	A supported scientific explanation, prompt good-faith correction, or evidence that the disputed claim was reasonably qualified

These tests are proposed, not completed. A refusal to answer is not itself proof of corruption. Conversely, a good-faith origin would not justify retaining inaccurate wording after a well-supported problem is brought to the publisher's attention.

8. Who should correct what

Correction responsibility should follow control over the particular record. Historical authorship, present editorial responsibility and legal liability are different questions.

Record or problem	First correction owner	Appropriate request
Health Canada GHB page	Publishing program's scientific lead and departmental communications/web owner	Review sensory language, the ambiguous danger statement, consent framing and the evidence for the label.
RCMP or CBSA release/template	Issuing agency's media relations and approving operational/scientific office; both agencies for joint text	Separate suspected identity, confirmed identity, potential effects and demonstrated assault involvement.

Record or problem	First correction owner	Appropriate request
VPD guidance	VPD content owner and relevant training/policy lead	Correct terminology and support or qualify claims about drugs “often” used.
Shield Your Sip material	Community campaign owner and Foundation publisher, plus any identified partner controlling its copy	Produce sources, clarify attribution, review claims and distribute an updated version.
Medical paper or clinical guidance	Authors, publisher and responsible clinical organization	Correct bibliographic errors and review any substantive interpretation through the appropriate publication process.
News story or syndicated copy	Publishing editor; original source where applicable	Correct the outlet’s text and alert downstream publishers, preserving a dated correction note.
Database and daterapeisxanax.com	The investigation’s editor and database maintainer	Withdraw unsupported scores and absolutes; publish limitations and versioned corrections.

For a municipal police service or policy issue in British Columbia, the OPCC process provides for police-board review; this is distinct from alleging individual misconduct. For federal access requests, the Information Commissioner can address access-related refusals, delay or inadequate searches—not adjudicate the scientific truth of a drug label. Use the access process to obtain records and a separate substantive review request to seek a correction. [21–22]

A court route requires a specific legal basis and a suitable remedy; this report does not establish one. Before presenting litigation or prosecution as underway, obtain a lawyer’s review of the actual filed documents and procedural status. A disagreement about a webpage should not be sold as an automatic route to broad private-company discovery.

Proposed correction request

> *Please identify the office responsible for the scientific accuracy and approval of the attached wording. Provide the evidence and source history supporting its present form, and review it against the attached Canadian and U.S. comparisons and laboratory-method limitations. Where the wording exceeds the evidence, please publish a dated correction, identify affected templates and downstream partners, and explain how recurrence will be prevented. This request does not assume misconduct; it asks for a reasoned, documented decision and preservation of the relevant records.*

A requested response within 30 days is a proposed administrative timetable, not a claim that every scientific-review request has a statutory 30-day deadline. Access-request deadlines operate separately and may involve lawful extensions. [23]

9. Changes required before republishing the original essay

Remove the 72/100 and related AI scores as evidentiary claims. They were not calculated from a validated model and should not have been presented as "more likely than not." Replace illustrative police quotations and placeholders with exact, dated quotations. Replace the approximately 1% messaging claim and unverified revenue/loss figures with bounded, reproducible findings or clearly labelled hypotheses. Remove "never" and class-wide suppression claims contradicted by the record. [1–3,9–10]

Avoid "hoax," "patsy" and assertions that identifiable actors took bribes unless evidence supports those allegations. A disclaimer elsewhere does not make an unsupported opening allegation sound. Distinguish proposed proceedings from verified filings and findings. Keep Nancy Olivieri's name, where retained as biographical context, explicitly separate from endorsement or participation. Personal drug trials should not be offered as forensic validation. [2–3]

The domain can continue to host the investigation, but the report's headline should not teach the reverse single-drug myth. Its central question is institutional accuracy and accountability, not branding legitimate patients or one medicine as responsible for rape.

Suggested replacement public-health wording

> *Sexual assault can involve alcohol, prescription or non-prescription sedatives, GHB and other substances. Benzodiazepines, including alprazolam, are among the drugs that may be involved. Substances may be administered without a person's knowledge, or a perpetrator may exploit someone who consumed them voluntarily. Symptoms alone do not identify a particular drug. Prompt medical care and appropriate evidence collection are important; negative toxicology does not necessarily exclude exposure. Responsibility for sexual assault lies with the perpetrator, not the person who was intoxicated or unable to resist.*

This is proposed wording for scientific and survivor-informed review, not a ranked list of substances or an approved agency statement. [7,15,17]

Conclusion

There is a credible, documentable case for reviewing the GHB label, correcting specific ambiguous statements, and asking why some public communications name alprazolam while others do not. There is also substantial counterevidence to the broadest original claims: Canadian sources named alprazolam decades ago, benzodiazepines appear in much of the located corpus, and U.S. enforcement agencies also used GHB-centred language. [1,7–10]

The investigation becomes stronger by retaining those counterexamples and correcting its own errors. The next evidentiary advance is not another plausibility score. It is a documented publication-and-approval chain, coupled with a comparison that accounts for what laboratories actually tested. Present publishers should explain and improve their wording now; allegations about historical coordination should remain hypotheses until supported by evidence specific to the actors and conduct involved.

Sources and record locators

[1] Canadian drug-language database, cumulative Prompt 14 public-safe archive, 10 August 2026. Archive: canadian_drug_language_database_prompt14_pharma_relationships_2026-08-10_PUBLIC_SAFE.zip. Main SQLite: canadian_drug_language_corpus_prompt14_pharma_relationships.sqlite. Relevant tables: p12_evidence_series, p12_drug_results, p13_source_records, p13_communication_lineages, p13_drug_mentions, p13_result_executions, p14_relationships, p14_coverage_cells. Source SHA-256 and reproducible SQL are included in the accompanying audit.

[2] Imported account archives: conversations-010.json and conversations-011.json. Relevant retrieved threads are identified in section 1. These records establish the history of the hypothesis and earlier assistant responses; they are not independent corroboration of allegations. Personal chat text is not republished in the audit bundle.

[3] Scott Gilbert, “GHB and the Date Rape Narrative,” live website and original essay, reviewed 19 September 2026. Source online

[4] Health Canada, “GHB.” Source online

[5] CBSA/RCMP, “CBSA seizes hundreds of litres of precursor chemicals from China used to produce fentanyl,” 30 October 2025. Source online

[6] RCMP, “Alberta Roving Traffic Unit seizes large quantity of GHB,” 30 April 2026. Source online

[7] National Institute of Justice, “Drug-Facilitated Sexual Assaults,” 9 November 2017; sidebar associated with NIJ Journal 279. Source online

[8] U.S. DEA, Operation Webslinger release, 19 September 2002. Source online

[9] Robert Meatherall, “Date Rape Drugs,” Biochemistry Byline, St. Boniface General Hospital, September 1998. Source online

[10] Josh Kozelj, “Scientists look to give universities and students an edge on campus safety,” The Martlet, 4 November 2018. Source online

[11] Erica Weir, “Drug-facilitated date rape,” CMAJ 165(1):80, 10 July 2001, PMID 11468961. Reference 1 cites T. Gorin’s CASAC article and gives 8 June 2001 as its access date. Source online

[12] House of Commons, Hansard 151, 16 November 2005, James Moore’s “Date Rape Drugs” petition. Source online

[13] Vancouver Police Department, “Drug-Assisted Sex Assault,” live page. Source online

[14] Centre for Addiction and Mental Health, “GHB,” live page. Source online

[15] United Nations Office on Drugs and Crime, Guidelines for the Forensic Analysis of Drugs Facilitating Sexual Assault and Other Criminal Acts, ST/NAR/45, 2011, especially printed pp. 1–2, 6–7, 13, 20 and 27. Primary document hosted by the HRB National Drugs Library. Source online

[16] Janice Du Mont et al., “Drug-facilitated sexual assault in Ontario, Canada: toxicological and DNA findings,” Journal of Forensic and Legal Medicine, 2010. DOI: 10.1016/j.jflm.2010.05.004. Source online

[17] S.M.R. Wille et al., “The Interest of a Systematic Toxicological Analysis Combined with Forensic Advice to Improve the Judicial Investigation and Final Judgment in Drug Facilitated Sexual Assault Cases,” Pharmaceuticals 14(5):432, 2021. DOI: 10.3390/ph14050432. Source online

[18] House of Commons Justice Committee, meeting 21, 11 May 2009, testimony of Pierre Gauthier, questions from Daniel Petit, and later comments by Line Beauchesne. Source online

[19] Vancouver Police Foundation, “Shield Your Sip – New Campaign Highlights the Dangers of Spiked Drinks,” January 2024. Source online

[20] Congress.gov, H.R.2130, Hillory J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000, enacted 18 February 2000 as Public Law 106-172. Source online

[21] Office of the Police Complaint Commissioner, “Submit Police Complaint,” section on Service or Policy Complaints. Source online

[22] Office of the Information Commissioner of Canada, “How the OIC can help.” Source online

[23] Office of the Information Commissioner of Canada, “When and how institutions are to respond to access requests.” Source online