Chapter 5

The Girlfriends

*We have to experience drugs. We have to do good drugs, which can produce very intense pleasure. I think this puritanism about drugs, which implies that you can either be for drugs or against drugs, is mistaken. Drugs have now become a part of our culture. Just as there is bad music and good music, there are bad drugs and good drugs. So we can’t say we are “against” drugs any more than we can say that we are “against” music.*

—Michel Foucault, *Foucault Live* (384)

In the early days of the Manhattan/Fire Island Circuit, the Gay male party scene underwent a serious shift that reflected the new confidence and raw sexuality of proud Gay men, a strong sense of self-worth, and an obsession with muscle that fostered body fascism. It was also the dawning of the age of club drugs beyond the old standards of alcohol, cocaine, tobacco, and marijuana. Within the Circuit community as well as the Gay male community in general, drugs are not bad per se, although certain ones are considered undesirable. For example, recreational drugs that are injected through a hypodermic needle are considered unattractive and low-class.

If anything, the attitude towards club drugs in the Circuit community fosters an elitist identity based on shared outlaw status and substance-savvy sophistication.¹ The prevalence of drugs in the Circuit scene does not include a corresponding increase in violent crime that one might expect to accompany a clandestine market for banned substances. This lack of violence cannot be ascribed to economic status.

¹ Elitist Circuit identity is independent of one’s economic status. Although Circuiteers in general might have a higher income than the average person, not all participants are so privileged. I have seen Circuit boys who live from paycheck to paycheck while maintaining this elitist identity.
alone since drugs and nonviolence go together for Gay men in general, regardless of whether they are rich or poor. Few people involved in the distribution system identify as “drug dealers”—they consider themselves friends helping friends. Instead of viewing drug distributors as shadowy, dangerous figures, members of the Circuit community usually hold them in high regard. Lynnette A. Lewis and Michael W. Ross state:

The drug dealers were also significant persons for dance party patrons. They were responsible for the dispensing of conscious-changing substances, caretakers and healers if necessary, a role similar to that of a shaman or some contemporary medical practitioners. (148)

Unlike popular perceptions of drug use as a social problem that should be stigmatized and even criminalized, the Circuit community recognizes that certain substances are useful tools for increasing sensual pleasure, dance intensity, self-esteem, tolerance of others, and psychic rapport with the universe. It is no surprise, then, that those who help in the distribution of those substances are often seen as valued members of the community. They act as counselors and, when necessary, “babysitters” for those who experience problems with their altered states.

A strong distaste for violence and reluctance to draw the attention of the police are two tendencies that have been in the Gay male community for a very long time. There is usually a high level of cooperation between users and distributors. A noticeable lack of friction between distributors dramatically lowers the need for violent “turf wars.” This in turn reduces the visibility of the drug trade and the need for police intervention in community affairs.

Like haircuts, interior design color schemes, and boy bands, Gay men’s preferences concerning intoxicating substances have shifted over the years. The darlings of the 1970s were marijuana, Quaaludes, and angel dust (PCP). Cocaine and MDMA replaced them in the ‘80s. Since the ‘90s, four drugs have been consistently in demand. In Circuit folk speech, these four substances are known as “the girlfriends” and have been given girl names: Stacy (MDMA), Katie (ketamine), Gina (GHB) and Tina (crystal methamphetamine).²

Drugs tend to generate cultural norms for users that differ according to substance. Rules for drinking alcohol, for example, are not the same rules for smoking pot. This is due in part to the legal status of the drug in question. But legal status is but one factor. The effects of the drug and

². These names may change, depending on geography. I have given the names that I have heard most often. Cocaine and marijuana have their own girl names: Connie and Mary Jane, respectively.
how it is ingested, as well as the economic, ethnic, and age-related status of the users can result in significant differences in drug culture.

One reason why heroin and LSD are not especially popular Circuit drugs is because they do not meet at least three of five important criteria: the drug should enable the user to be more social, it should help the user stay awake, it should enhance the music, the user should feel sexy, and the user should feel a fun sense of delirium without becoming clumsy. In truth, not one of the four girlfriends fulfills all five of these criteria all the time. This is one reason why participants often use more than one girl simultaneously, and may add more “old school” substances (liquor, tobacco, cocaine, and marijuana) to the mix.

**Stacy**

Patented in 1912 by the Merck Corporation, MDMA (Methylenedioxy-methamphetamine) was initially marketed as a diet pill. Rumor has it that German soldiers were given MDMA to offset hunger during World War I (Reynolds 81). Perhaps this was the reason for the stories of soldiers on both sides dropping their weapons and having soccer matches, card games, and sing-alongs, against the orders of their superiors, during the 1914 Christmas Truce (Weintraub 75–120). With all that love going on, one can only imagine what went on in the trenches.

Ecstasy has long been renowned as a therapeutic drug. Users report that MDMA helps them to drop their guard and open up to others. Psychiatrists have been asking the federal government for years to allow MDMA for victims of severe trauma. In 2003, some researchers were allowed to administer MDMA to women suffering from post-traumatic stress disorder and to help terminal cancer patients deal with anxiety (Nutt et al 180, Barile 161).

The federal government, however, has been against MDMA for years, therapeutic or otherwise. Ecstasy was declared illegal for any use, even medical, in 1986. Linking the drug to Raves and the corruption of American youth, government-sponsored studies have demonstrated that even one dose of MDMA irrevocably damages the brain. These studies have been the basis for congressional action, a topic on the Oprah Winfrey Show, and an episode of *Touched by an Angel*.

On September 28, 2001, Oprah Winfrey showed brain scans of ecstasy users with prominent holes in their brains. She warned parents to watch out for certain tell-tale signs of MDMA abuse from their children, such as bright-colored clothing, expressions of love and affection, and parties in which their kids swear that they will not be drinking.3

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On November 24 of the same year, *Touched by an Angel* ran Episode 810, “Heaven’s Portal.” Grace (played by actress Valerie Bertinelli), an angel sent to help a troubled teenager, takes a hit of ecstasy at a Rave and freaks out, proving that MDMA not only damages human minds but angelic ones as well.

In September of 2002, the National Institutes of Health (NIH) and the National Institute on Drug Abuse published a report claiming that a moderate dose of ecstasy killed laboratory animals. Congress then passed legislation designed to snuff the Rave scene. In September of 2003, however, the NIH issued a retraction of the 2002 report. Apparently, the drug that killed the test animals was not MDMA (Doblin 220).

NIH-sponsored brain scans showing permanent damage caused by one dose of MDMA to “virgin” brains were equally inaccurate. The scans had been taken from patients who were not, it turns out, MDMA virgins. The average test subject had taken ecstasy more than 200 times before researchers took the pictures. In addition, the brain images used in Oprah’s exposé and for the hearings in the US Senate had been doctored—the holes (a dramatic and exaggerated representation of decreased cerebral blood flow) were not actually there (Doblin 222).

There have been, however, deaths attributed to overheating and dehydration while on MDMA. On the other side of the coin, ecstasy may also alleviate some of the agonizing pain suffered by those with Parkinson’s disease (Doblin 221).

Users usually take MDMA orally, quickly accompanied by swigs of water to wash away its rather nasty flavor. Some people snort it in powder form (*doing a bump*). It may also be shoved up one’s ass (*booty bump*). Not surprisingly, this can cause cramps and diarrhea.

In the harsh world of Gay nightlife, many men need something to make them feel more at ease among the myriad bitter queens, sleazy trolls (men who cannot keep their hands to themselves), and arrogant body fascists they face whenever they go out and about. Stacy helps some users lower their guard, communicate effectively, and bond with perfect strangers. She may also bring close friends and lovers even closer.

*Rolling* (getting high on ecstasy) can make users feel incredibly sensual. Music may sound better and colors appear more intense.

What goes up, however, must come down. After an incredible weekend of bonding with comrades and falling in love a dozen times (with one’s own boyfriend, even!), the inevitable return to the real world can be harsh. Since MDMA is a stimulant, users may stay up too late and not eat enough, running themselves ragged. *Terrible Tuesday* (folk term for the inevitable day of reckoning) arrives, bringing with it bouts of depression and irritability.
Some Gay men approach ecstasy the same way they do alcohol: they imagine the more one does, the more fierce one is. These folks are candidates for the hospital ward when their blood pressure shoots sky high, their bodies overheat, and they become dangerously dehydrated. Conversely, they may drink too much water.

As with almost all drugs, legal and illegal, there is a law of diminishing returns. Constant use over a sustained period will render the drug less and less effective. Two things that do not diminish are the tendency for users' eyes to bulge and their teeth to grind. One Circuiteer told me that he has chipped his teeth due to chattering while under the influence. A piece of gum may seem like manna from Heaven.

Ecstasy's status as a banned substance means that there is no quality control. Most pills are cut with any number of questionable substances, including heroin, Robitussin®, and MDMA analogs that produce all of its bad effects without any of the good ones. Occasionally, a batch of dangerous pills hits the market. MDMA can also bring on sexual dysfunction, cause diarrhea, and take away the ability to urinate.

Katie

Like MDMA, ketamine hydrochloride is the baby of a big drug company (Parke-Davis). The drug was synthesized in 1962 and used recreationally in the mid-1960s. Used as an anesthetic during the Vietnam War, ketamine was discontinued because of its tendency to cause disturbing out-of-body experiences (Sanders 77–78). Current research indicates that ketamine may also have antidepressant properties (Licinio 806).

Ketamine (also known as K) hit the Gay party scene in the 1970s but did not raise the hackles of the government until the late 1990s. Its rising popularity over the last few years has brought it into the public eye and triggered a fair amount of public hysteria. Since the government has linked club drugs to Al Qaeda, date rape, and teenage deaths, distribution of ketamine has been markedly reduced in the interest of public safety and national security.

Unlike MDMA, ketamine is not considered too dangerous for regular medical treatments, especially for veterinarians. It is usually produced in liquid form for intravenous use, primarily as an animal tranquilizer. Studies have shown its potential in small doses for helping people deal with chronic pain.

At some point in their ketamine experiences, most users will go into what is called a “K-hole,” a stupor in which they have trouble speaking, move in slow motion, and are extremely befuddled. A K-hole
differs from the state of drunkenness in three ways: its duration is usually much shorter (about twenty to forty-five minutes), the user is quite aware of being incapacitated, and, like MDMA, it does not foster aggressive behavior.

Most recreational users will bake the liquid and pulverize the brittle white residue into powder (Sanders 78–80), which is then snorted. It is not uncommon to see K users blow their noses and expel small chunks of white, powdery mucus. One fan of ketamine examined the contents of his facial tissue after blowing his nose and exclaimed, “There goes rent!”

Katie is a dissociative anesthetic; she causes the user to become connected and disconnected with the body, psyche, and senses in novel ways. She may enhance music, clarify thinking, and send the user into entertaining (or distressing) inner journeys.

Katie may affect sight in interesting, if not alarming, ways, such as narrowing the field of vision to a very small field, imposing patterns on incoming light, or even giving air a jellied texture. In one urban legend about ketamine, a young man had bumped himself into a state in which he could not see. He discovered, however, that when he spoke out loud, his sight returned. When he was silent, he had to stand still because he was blind. In order to move about, he had to utter a constant stream of words. This was highly amusing to him, and he began racing around the room, naming everything in sight as he went: “Lamp, couch, floor-floor-floor, dog, wall,” etc. ⁴

Of the four girls, Katie is considered the least dangerous. Terrible Tuesdays are not associated with her.

For some people in the party scene, Katie and Stacy are their favorite party girls. The combination of the two is especially popular with music aficionados. Sometimes partygoers will concoct a batch of “trail mix,” powder made of K and ecstasy (along with other drugs, such as Viagra and crystal meth).

Inner journeys can bring users to hell as well as paradise. Some people report that their minds wander out of their bodies, a frightening feeling that reminded them of death. Those who do too much ketamine over long periods of time may suffer from excruciatingly painful stomach cramps and require hospitalization. Ketamine’s physiological effects may also include increased blood pressure, insomnia, and occasional sexual dysfunction.

Users may experience extreme mood swings and a strong sense of paranoia. They may panic and withdraw from everyone, trapped in a pervasive sense of impending doom. On the other extreme, they may

⁴. Although I cannot validate this particular folktale, I do not consider it to be outside the realm of possibility.
talk incessantly and drive everybody around them crazy. Short-term memory may be impaired for the duration of the buzz. The law of diminishing returns applies to ketamine as well as MDMA: the more one does, the more one has to do.

**Gina**

GHB (gamma-hydroxybutyrate) is a clear, oily liquid that depresses the central nervous system, removes furniture varnish, and ruins linoleum countertops. It was synthesized in the mid-1970s and sold as a sleep aid (Frances et al 171). GHB was also sold to weightlifters as a bodybuilding supplement (Kuhn et al 200).

In 1990, the number of emergency-room visits for respiratory failure, seizures, and comas triggered by Gina led the Food and Drug Administration to ban her (Frances 172), but the girl had just gotten started. Until 2001, emergency-room visits attributed to G overdose had risen every year since 1994 (Goldberg 196).

GHB is usually taken with a non-alcoholic drink. Any number of factors can lead to an overdose, such as not enough food before partying, improper timing between doses, mixing with alcohol, and misjudging drug strength. Tight groups of friends watch out for each other and provide support when one of them falls out or crosses over (goes comatose or into a seizure).

Why is it that a depressant can cause men to dance in a frenzy, chat away at full speed, and get sexually aroused? The answer lies somewhere in the intricacy of the human psychoneural network. If one thinks of the mind as a series of off/on switches, any basic emotion or behavior is the result of a whole series of systems being either dampened or stimulated in concert with each other. Certain systems can be stimulated by dampening those safeguards that keep them in check. With alcohol, for example, the internal barriers that keep people from expressing themselves can be put to sleep, as it were, and they may end up acting and speaking without caution and (apparently) full of energy.

GHB tranquilizes the rational guard established over physical desires. If done just right, users feel free, sexy, and full of life. There is, however, only a narrow window in which achieving this benign and pleasurable undisciplined state is possible without going into a state of no self-control. It is much easier to overdose on GHB than any other club drug. Lack of regulation in its production only compounds the problem.

A bit too much G and too many regulating systems shut down at once. Users may run around like lunatics, a sure sign that, if they stand still, convulsions will soon follow. While desperately trying to stay awake,
they will fade in and out of consciousness, often unaware that they are only partially coherent.\(^5\)

GHB, however, is not without its medical uses. It is currently approved for the treatment of narcolepsy under the brand name Xyrem (Kuhn 200).

GBL (gamma-butyrolactone) and BD (butanediol) are chemical analogs to GHB that create the same effects of euphoria, horniness, and occasional physical trauma (Cupp and Tracy 173). On the street, they are usually labeled “GHB.” BD is considered by some to be the safest form, and GBL the worst. I have found no publicly available research to confirm or deny the claim.

The ban on GHB and its analogs has been ineffective because of their many industrial uses and the comparative ease in which they may be acquired. A couple of years ago, it was convenient and inexpensive to order GHB analogs over the Internet. But in 2002, the government set up a nationwide sting operation, shutting down most of the online businesses in a couple of months and arresting people all over the country.

Although there are occasional droughts, Gina seems to be available most of the time. Of all the girls, she is usually the easiest to score. She is also a cheap date. G may generate the same kinds of sensual pleasures as MDMA but without the teeth grinding. Unlike ecstasy, G does not usually prevent erections.

Government crackdowns on Stacie and Katie have inspired many party people to turn to Gina. Others prefer it to ecstasy because recovery from a night with Gina is fairly painless. Unlike ketamine, G rarely sends the user into a state of deep introspection. It is much more about the body than the mind.

G overdoses have resulted in the closing of dance clubs on both coasts. Promoters and club owners have been put into an excruciating bind: if they kick out people who fall out, they may lose the crowd. If they call an ambulance, city officials may shut them down. By 2000, it had gotten to the point that Circuiteers would not take a swig from a proffered water bottle without first asking if it was “just water.”

Problems with Gina became so serious a few years ago that promoters and club owners, normally a rather cantankerous lot, banded together with DJs to discuss solutions. The best strategy devised yet has been to invite the MedEvent team of volunteer health workers to watch over the crowd during a party and treat overdoses on the spot, referring only the most serious cases for hospitalization.

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5. I have not seen any women fall out, possibly because they may not be so quick to take a substance that can so easily render them helpless.
GHB (a.k.a. “Girl Hardly Breathing”) overdose is not a pretty sight. Victims vomit, go into seizures, and may become comatose; if they take enough, the result can be respiratory failure and cardiac arrest.

The biggest problems with G are that most everyone who takes it will have at least one seizure due to carelessness. In most cases, victims sleep off an overdose. Victims may have no memory of seizures or vomiting. Occasionally, they die in their sleep. An incident that has been repeated a number of times in several cities describes a male acquaintance who fell out on GHB and was put into an ambulance, taken to a hospital, and had his stomach pumped. Three hours later, he showed up at an after-party, laughing about his experience and dosing up on more G. Sometimes the story ends with his death.

Gina can inspire Circuiteers to do all kinds of unsavory things they would not normally do in public, such as bite people, flail around on the floor, moan aloud, drool, hit themselves, and make horrible faces, while completely unaware of what they are doing. Guys on G tend to sweat more. The drug has an obnoxious taste and can burn throat tissue. It can be addictive. On the other hand, G is quickly metabolized in the body without leaving a trace, at least nothing that current drug tests are tailored to pick up.

**Tina**

Crystal methamphetamine, a stimulant that affects the central nervous system, is a form of methamphetamine that looks like tiny shards of broken glass. Methamphetamine was first made in Japan in 1919 (Osborne 47). Both methamphetamine and amphetamine (a related compound) were used in pill form by soldiers and pilots for both Axis and Allied nations. Unlike MDMA, these stimulants tend to bring out aggression, making them attractive as combat enhancers.

The first recorded incidence of large-scale meth abuse occurred in Japan after World War II, when military stockpiles became available to the public. U.S. military use of the drug was so prevalent that it would not be a stretch of the imagination to assert that meth and amphetamine addiction in the United States began with the Armed Forces.

Amphetamine became popular outside of the military in 1950s America. Truck drivers and students used it to stay awake and improve performance. Soon, however, it was linked to sexual deviance. Investigations into drug trafficking noted a conspicuous connection between amphetamine use and homosexuals. This connection included the use of amphetamine by homosexuals in order to increase sexual libido (Osborne 56–59), much as crystal meth is used today by Gay males.
In 1965 and in 1970, the government clamped down on almost all amphetamine production and distribution except for the massive quantities the U.S. military continued to order. This created a lull in illegal amphetamine use, and cocaine soon took its place during the 1970s and ’80s. The military continued to order amphetamine, but not as much as they had before 1970. Gulf War pilots were still using it in 1991 (Osborne 53–55).

Tina came roaring back for civilians in the 1980s with the rise of small-scale producers who used easily accessible ingredients and means of ingestion shifted from taking a pill to snorting a powder, and then from snorting to smoking (Moriarty 5).

Crystal use in the Gay community rose sharply in the last few years when Gay men discovered once more that they could have sex for hours on it. There is now a pervasive network of Internet sites, bathhouses, and dealers that cater those who want to engage in “Party ‘n’ Play” (PNP). As mentioned earlier, PNP may refer to the recreational use of any drugs with sex, but it is mostly a code for crystal-fueled sex.

Alarmed by the rise in crystal meth addicts, the government has cracked down on the distribution of the common substances used for crystal production with some success. It is not an easy task, however, since many meth houses are out in the middle of rural nowhere, or are across the border in Mexico where clandestine meth factories produce it in bulk. The pervasiveness of the illegal drug trade in some parts of Mexico is so pronounced that they have their own folksong genre, the narcocorrido, which includes in its stock of outlaw-heroes the cristalero, crystal meth trafficker (Wald 52, 266).

Like GHB and ketamine, methamphetamine has limited medical applications, such as treating narcolepsy, obesity, and attention deficit disorder. A collaborator once showed me some blue pills a doctor had prescribed for his ADD. “These are real methamphetamine,” he announced proudly. “Want one?”

The most popular means for ingesting crystal meth today are snorting and smoking. Another paradox of the human neural system is that smoking “ice” or “glass” can bring about a sense of deep calm.

Party boy after party boy has told me that Tina works for them, and that is why it is so difficult to manage. With the rise of Internet sex, boys into Party ‘n’ Play no longer need to go to a party or even a bar. They can order sex online, just like pizza. Even more amazing are the reports of insanely long sexual marathons with Tina. It is not unusual to hear stories of non-stop wrangling for eight, twelve, even twenty

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6. In 1966, the Pentagon purchased just under 82 million ten-milligram doses (Osborne 55).
hours from both men and women. Studies done on the recent epidemic of syphilis and increase in HIV seroconversion indicate that a contributing factor is crystal sex.

Some boys balance their Gina with Tina. A common folk antidote to a G fall-out is a bump of T. I have heard Tina described as “the girl who keeps us all out of trouble.”

The law of diminishing returns is even more distressingly apparent with crystal than with any other club drug. Extreme bouts of depression and despair may accompany sobriety as well. The shift from snorting to smoking is often the point at which the user becomes an addict.

The tone of this chapter has at times been lighthearted with regards to the girlfriends in the Circuit. It should not be reason for anyone to ignore the dangers that accompany addiction, be it addiction to the girlfriends, alcohol, cocaine, steroids, sex, or one’s own physical beauty.
I found out that a former close friend who has been lost to crystal meth for a few years now had recently passed away.

When he first started using and started the patterns we have all seen, I felt guilty. Although I didn’t introduce him to crystal, as a seasoned club patron, I was the person that had turned him on to nightclubs and the Circuit. In retrospect, I couldn’t have known that this incredibly successful person that I loved spending time with and cared a great deal for was so insecure on the inside. I made every excuse possible for him at first because I thought he knew better and wouldn’t let himself get caught up with crystal.

This man was the chief financial officer of a Fortune 500 company, and had the cars and the homes and the vacations, but not the self-esteem. Crystal apparently gave him that self-esteem that all the success couldn’t. By the time we all realized that we were losing him, it perhaps was already too late.

So many people sat around and said, “Someone should talk to him,” but no one would, for fear that he would cut them off from the other party drugs he began dealing once he got fired from his job. I knew I needed to do something.

Having seen other people around me start falling and getting lost to crystal, and having grown up in an alcoholic family, I knew I couldn’t just sit back and not say or do something. But I also knew that only he could save himself. Once I knew for certain in my gut that he was using and getting in over his head, another friend of his and I sat down with him and had an intervention. We were probably the only people he would have listened to, who knew of his past and his relationships and of his drug use.

We sat him down at dinner and said to him, “We don’t know how often or how much you are using crystal, but we can see what it is doing to you and your life and we are worried about you.” I knew that harm reduction was the only route and that we couldn’t save him. Only he could save himself. I also knew I couldn’t just stand by and watch him slowly commit suicide. I needed to back away.

Of course he lashed out and got angry and claimed he wasn’t using and had an excuse or someone to blame for everything that had happened to him. He had gotten fired, not because he would come into work two hours late regularly, but because his boss was an asshole.
Everyone was out to get him and it was only going to get worse.

After the intervention, he quickly isolated himself from me and claimed it was because I just didn’t understand him anymore. This was the person I would talk to three or four times a week and travel with, whose sob stories I would listen to for hours after a bad breakup or a family problem. I remember one night in particular being in Provincetown at a party and him calling, and I stood outside of the club on the phone with him for an hour because I knew he needed someone to talk to.

Over the next few years, I would see him around at someplace he could sell drugs or just randomly at the grocery store. He lived four blocks away from me, but he had become a vampire who was never seen during the day. When I did see him, I barely recognized him as his already thin frame was so gaunt and thin that he looked like death warmed over. I thought for certain that he wasn’t going to be with us much longer, and every time I saw him I made sure to let him know that I cared.

I knew he was still using, and I couldn’t let myself get too close. I knew from my alcoholic family that there was nothing I could do. He knew that if he ever really needed help, I would be there.

I lost track of how many times I had told him that I’d go to whatever meetings with him he needed or rehab or anything, but that he had to make the first steps. In my gut, though, I knew that there would be no steps. He had surrounded himself long ago with other users and “yes” people. Everyone was either using him for his drugs or using them with him and would just tell him what he wanted to hear.

I heard through some mutual friends this past fall that he was actually starting to get sober, but it appears that the physical and mental damage had been done. He was too afraid to contact any of us, and the paranoia never seemed to go away. I again wanted to call but was too afraid of helplessness that I had felt before from the situation and couldn’t bring myself to do it.

I went out tonight with one of my good friends who also knew this person and on the way home from the club, I asked if he had seen or heard anything from our crystal-using friend. He was surprised I hadn’t heard that he had died. He had been missing for almost a month, and only when the condo association had someone go into his apartment to turn off the water that had been left running for weeks did they find him.

I feel like I should be more upset about his death, but in all honesty, I feel like I lost him long ago.