

### The Lexington Narcotic Farm



In response to a growing need for drug abuse treatment facilities, the U.S. Congress in 1929 authorized the U.S. Public Health Service to establish two narcotic farms “for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs” (Public Law 70-672) (1). The first facility opened on May 25, 1935, outside Lexington, Ky. The 1,050-acre site included a farm and dairy, working on which was considered therapeutic for patients. The facility was built and run much like a minimum-security prison, with gates and window bars. This hybrid prison-like hospital or hospital-like prison continued after the name was changed to “U.S. Public Health Service Hospital” in 1936. The security features were removed when the facility was modernized in the late 1960s. With the increased availability of state and local drug abuse treatment programs, the hospital was closed in February 1974.

From its opening, the Lexington facility had a research department. When the National Institute of Mental Health (NIMH) was created in 1948, this research unit was administratively separated from the Public Health Service hospital and became the first intramural research branch of NIMH, under the name Addiction Research Center. When the National Institute on Drug Abuse was created in 1974, the Addiction Research Center became its intramural research program. The Addiction Research Center has played a leading role in drug abuse research, under the initial leadership of

Drs. Lawrence C. Kolb, Sr., and Clifton K. Himmelsbach. Prominent psychiatric researchers who spent time at Lexington include Drs. Abraham Wikler, Everett H. Ellinwood, Jr., Conan Kornetsky, Jerome H. Jaffe, Herbert D. Kleber, and George E. Vaillant. Among the research advances made at the Addiction Research Center were the characterization of acute and protracted drug withdrawal syndromes, recognition of  $\Delta$ -9-tetrahydrocannabinol (THC) as the active constituent of marijuana, and identification of subtypes of opiate receptors (2). Treatment advances included methadone to treat heroin withdrawal, opiate antagonist therapy, and recognition of the role of conditioning in drug abuse relapse.

#### References

1. Musto D: *The American Disease: Origins of Narcotic Control*, 3rd ed. New York, Oxford University Press, 1999
2. Martin WR, Isbell H (eds): *Drug Addiction and the US Public Health Service: DHEW Publication (ADM) 77-434*. Rockville, Md, National Institute on Drug Abuse, 1978

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