NAMI New Hampshire
National Alliance on Mental Illness

February 23, 2026

Honorable Chairman Wayne MacDonald
House Health, Human Services and Elderly Affairs
One Granite Place, Room 158
Concord, NH 03301

RE: NAMI NH Opposition to HB 1790

Dear Chairman MacDonald and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am writing today in opposition to HB 1790, relative to involuntary admissions for certain individuals with a substance use disorder.

Over the years, NAMI has heard time and time again from loved ones of individuals with substance use disorders (SUD) worried for their loved ones' wellbeing. They express a desire to get their loved one treatment in any way possible, including involuntary treatment as they fear that the SUD may lead to the death of their loved one. Despite all that NAMI NH has heard, we are opposed to HB 1790 for two basic reasons: 1) involuntary SUD treatment doesn't work and 2) New Hampshire does not have the capacity for more involuntary admissions as the ED boarding crisis remains.

Research has shown that involuntary SUD treatment does not necessarily lead to positive outcomes. According to the International Journal of Drug Policy, "[e]vidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms."[1] Individuals subject to involuntary SUD treatment are at a higher risk to start using again and even a higher risk of accidental overdose or suicide shortly after release. A Swedish study revealed that individuals forced into SUD treatment were at a higher risk of death by overdose or suicide particularly in the first two weeks post discharge.[2] Specifically, this research concluded, "[t]he risk of dying immediately after discharge from compulsory care is very high, especially for younger clients…"[3]

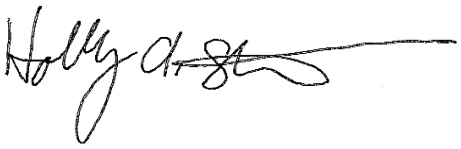
[1] Werb D, Kamarulzaman A, Meacham MC, Rafful C, Fischer B, Strathdee SA, Wood E. The effectiveness of compulsory drug treatment: A systematic review. Int J Drug Policy. 2016 Feb;28:1-9. doi: 10.1016/j.drugpo.2015.12.005. Epub 2015 Dec 18. PMID: 26790691; PMCID: PMC4752879.
[2] Ledberg A, Reitan T. Increased risk of death immediately after discharge from compulsory care for substance abuse. Drug Alcohol Depend. 2022 Jul 1;236:109492. doi: 10.1016/j.drugalcdep.2022.109492. Epub 2022 May 10. PMID: 35617775.
[3] Ibid.

Further, the research does show that outpatient SUD treatment is just as effective as inpatient treatment.[4] Given this data, New Hampshire should be more focused on outpatient treatment that is less costly and less disruptive to an individual's life than inpatient treatment.

In addition to the questionable outcomes, New Hampshire is still in an emergency room boarding crisis, with 25 individuals boarding subject to an involuntary emergency admission for psychiatric reasons with 15 others waiting in ERs on another legal status such as voluntary or revocation of a conditional discharge as of yesterday. Also, given that New Hampshire Hospital is not a medical facility, the largest hospital that takes involuntary individuals is not set up to take people in acute detox. Therefore, the remaining designated receiving facilities (DRF) that are connected to a medical facility would be responsible for taking all of the involuntary SUD patients under our current system. By my calculation there are less than 50 DRF beds located within a medical facility. Our current system is in and has been in a fragile state for years. With the work of the Mission Zero project, the ED boarding numbers have been coming down, and the passage of a bill like HB 1790 would only serve to derail the progress that has been made. HB 1790 would lead to longer wait times in ERs for all patients because more individuals on an involuntary status would be occupying the beds with no place for them to go.

Simply put, there is no evidence that involuntary SUD treatment leads to positive outcomes, and likely leads to more negative outcomes. Additionally, New Hampshire's mental health system of care does not have the capacity for more involuntary patients. Therefore, NAMI NH would urge the committee to vote inexpedient to legislate on HB 1790, and we suggest that any money spent go towards voluntary inpatient and outpatient community resources for individuals with SUD, because those have been shown to actually work.

Sincerely,



Holly A. Stevens, Esq.

[4] McCarty D, Braude L, Lyman DR, Dougherty RH, Daniels AS, Ghose SS, Delphin-Rittmon ME. Substance abuse intensive outpatient programs: assessing the evidence. Psychiatr Serv. 2014 Jun 1;65(6):718-26. doi: 10.1176/appi.ps.201300249. PMID: 24445620; PMCID: PMC4152944.