

## **Testimony in Opposition of HB1790**

February 24, 2026

My name is John Burns and I am a person with lived experience personally and as a family member with problematic drug use. I am also the executive director of SOS Recovery Community Organization. I am here in opposition to HB1790.

As a parent I come here with direct lived experience with involuntary admission. I have witnessed family members involuntarily committed here in NH including both my mother and a child for mental health. Additionally, as a parent, I experienced having a child injecting drugs as a teen. We attempted numerous interventions that included both voluntary and involuntary treatment. At one point I was employed in Massachusetts and made a decision to rent out my home in NH and move to Massachusetts. I did that not to be close to my employment, but rather out of desperation to have a Massachusetts Section 35 available to me as my child would be returning from treatment in Connecticut where they were sent. Twice I accessed a section 35 and twice involuntary treatment was ordered. Neither were successful. In both cases the trauma it imposed resulted in suicidal ideation that resulted in the section 35 being lifted for a section 12 which is a mental health commitment in Massachusetts. I was willing to do most anything but I am embarrassed to say that having a child or adult child handcuffed and put in jail clothing and escorted into a court room provided no benefit and plenty of harm. My best intentions did not provide the goals I intended, instead one could argue that I created more harm that would have a lasting effect. People who have a problematic relationship with drugs does not heal them.

It strips them of their autonomy, it uses carceral systems that traumatize them and make existing mental health complexities even more complex and more difficult to treat. Out of a recent review of studies in 2023 there were 42 studies uncovered, most of poor quality, and 35 of them did not identify any level of treatment success for involuntary over voluntary treatment.

Substance Use Disorders and problematic relationships with drugs are complex. Stripping autonomy and incarcerating or holding people against their will is not a successful strategy. Respecting autonomy, meeting people where they are at, providing harm reduction interventions and more importantly connection does provide longer term success. When people have connections to peers in settings like the network of recovery community centers in NH they find success. When people have immediate access to treatment when they are ready they have success. When we help navigate basic needs like housing, behavioral health supports, physical health supports, food insecurity, workforce development and recovery capital we start to see people identify willingness to access appropriate substance use disorder care. It took several years but it was my adult child's access to harm reduction services in inner-city Boston that connected her to shelters and later support that she credits with accessing treatment and maintaining recovery. It was a long, stressful and bumpy road as a parent filled with sleepless nights, and even today that relationship remains strained with mental health challenges and resentment for the good intentions of how I navigated that. I understand how many parents may desire this desperate act of involuntary treatment. I'm also here with ten years of experience working with people who use drugs and those in recovery as well as with families and parents to tell

you it is a traumatic and misplaced strategy that does not work and wastes critical resources.

Submitted by:

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