



## ***Proposed New Regulations under the Measures Respecting Premises with Illegal Drug Activity Act, 2025 (MRPIDAA)***

**Submission of the HIV Legal Network and HIV & AIDS Legal Clinic Ontario (HALCO)  
March 2026**

### **HIV LEGAL NETWORK AND HALCO**

The HIV Legal Network promotes the human rights of people living with HIV or AIDS and other populations disproportionately affected by HIV, punitive laws and policies, and criminalization, in Canada and internationally. For more than three decades, we have worked to advance laws and policies that uphold the human rights of people who use drugs, including through access to housing and to lifesaving health and harm reduction services. HALCO is a community-based legal clinic serving low-income people living with HIV. As the only such legal clinic in the country, HALCO has extensive experience addressing the day-to-day legal issues faced by people living and affected by HIV, including human rights, health law, and related issues.

### **BACKGROUND**

Ontario is currently facing unprecedented and intersecting health and housing crises. More than five Ontarians die every day from the toxic drug supply.<sup>1</sup> Toxic drug deaths were the leading cause of death among people aged 20 to 44 in Toronto in 2023.<sup>2</sup> At the same time, homelessness in Ontario has reached historic levels. Approximately 81,500 people experienced homelessness in 2024 — a number that grew to more than 85,000 in 2025.<sup>3</sup> Homelessness in Ontario is estimated to have increased by roughly 50% since 2021.<sup>4</sup> In 2025, Ontario was also home to 2,000 encampments, an increase from 1,400 reported in 2023.<sup>5</sup>

These crises are closely linked. People experiencing homelessness are disproportionately impacted by the drug toxicity crisis and account for an increasing proportion of fatal opioid-related deaths in Ontario, reaching nearly one in six such deaths in 2021.<sup>6</sup> Researchers have found that drug use among people accessing shelters is shaped by broader structural factors, including housing instability, poverty, trauma, mental health needs, stigma, and barriers to harm reduction and treatment.<sup>7</sup> These worsening crises have had disproportionate impacts on certain communities, including Indigenous people.<sup>8</sup>

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<sup>1</sup> Office of the Chief Coroner, *Monthly Update: Suspect drug opioid related deaths January 2026*.

<sup>2</sup> Toronto Public Health, *Annual summary of opioid toxicity deaths in Toronto*, May 2024.

<sup>3</sup> Association of Municipalities of Ontario, *Municipalities Under Pressure: One Year Later*, January 2026 [*Municipalities Under Pressure*].

<sup>4</sup> *Municipalities Under Pressure*, *ibid*.

<sup>5</sup> *Municipalities Under Pressure*, *supra* note 3.

<sup>6</sup> R. Booth et al, "Opioid-related overdose deaths among people experiencing homelessness, 2017 to 2021: A population-based analysis using coroner and health administrative data from Ontario, Canada," *Addiction*, 2023.

<sup>7</sup> ODP RN and Public Health Ontario, *Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use*, June 2024.

<sup>8</sup> See, e.g., Chiefs of Ontario, *First Nations people in Ontario disproportionately affected by opioid crisis, new report shows*, October 2026, citing The Chiefs of Ontario and ODP RN, *Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario*, June 2025.



In this context, the HIV Legal Network and HALCO strongly oppose the *Measures Respecting Premises with Illegal Drug Activity Act, 2025* (*MRPIDAA* or *Act*), which risks further destabilizing access to housing and deepening the harms experienced by people who use drugs. While the proposed regulations introduce certain exemptions intended to mitigate these impacts, and are preferable to no exemptions at all, the exemption framework is unlikely to prevent harm in practice and may instead create confusion, uneven application, and additional risks for people who use drugs, or who are perceived as using drugs, as well as the services that support them. By introducing new provincial offences that will expose landlords to significant penalties where they are found to have “knowingly permitted” certain drug-related activities on their premises, the *MRPIDAA* further entrenches Ontario’s increasingly punitive approach to drug use and homelessness and risks producing significant consequences for housing and healthcare access, particularly for people who use drugs and other marginalized communities.

## ANALYSIS

### Housing and Service Destabilization

The *MRPIDAA* is likely to affect housing access and service provision in two distinct but related ways. First, the potential liability created by the *Act* will encourage landlords to avoid renting to individuals who use drugs or who are perceived to use drugs. Second, the limited scope of the proposed exemptions and uncertainty surrounding key legal terms will create barriers for organizations that rely on rented space to provide housing and essential healthcare and harm reduction services. Together, these dynamics risk reducing both housing availability and service capacity for people with complex needs.

Specifically, the *Act* creates strong incentives for landlords to avoid renting to people who use drugs, or those perceived to be associated with drug use. Faced with potential liability, landlords will seek to minimize risk by screening out tenants based on stigma or assumptions. These dynamics will disproportionately affect individuals who already face structural barriers to housing and healthcare, including people experiencing homelessness, people living with disabilities, people who use drugs, individuals with involvement in the criminal legal system, and members of Indigenous, Black, racialized, and 2SLGBTQ+ communities.<sup>9</sup> In practice, the *MRPIDAA* risks further restricting access to housing for individuals who already face significant discrimination in the rental market and who are already at heightened risk of homelessness and toxic drug injury or death.

Notably, the proposed regulations introduce important protections by exempting a range of institutional and service-linked living arrangements and community housing providers from the definition of “landlord,” including many community, supportive, and transitional housing providers. While these exemptions are preferable to the absence of safeguards, they do not fully address the broader risks created by the *Act*. Questions remain about whether the exemptions clearly capture key housing and service models, including private-market landlords whose units are supported through government rent supplements; landlords hosting shelter operations (such as emergency shelter options for victims of domestic violence, youth, or adults without housing); and municipalities engaged under the *Housing Services Act, 2011*.

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<sup>9</sup> See, e.g., Canadian Centre for Housing Rights, “Sorry, it’s rented.” *Measuring Discrimination Against Newcomers in Toronto’s Rental Housing Market*, November 2022; P. B. Akaabre et al., “Anti-black rental housing discrimination in the multicultural city? A field experiment in Toronto, Canada,” *Urban Affairs* 2025; CMHC, *Shut Out – Discrimination in the Rental Housing Market: Barriers to Tenancy Access and Maintenance, its Impacts, and Possible Interventions*, May 2023.

Where exemptions are incomplete or unclear, landlords and property managers may respond conservatively to avoid risk — including by refusing to rent space to organizations providing critical services, terminating leases, or declining to participate in housing arrangements serving marginalized populations. Without comprehensive and clearly defined exemptions that reflect how housing and services are delivered in practice, the proposed regulations risk undermining access to both housing and essential services for people with complex needs who need them most.

### Displacement and Increased Health Risks

Decades of public health research demonstrate that laws and policies relying on enforcement or punishment to address drug use often produce harmful consequences.<sup>10</sup>

When landlords respond to the *Act* and the proposed regulations by increasing evictions, refusing to rent to individuals perceived to use drugs, or declining to rent space to organizations providing harm reduction services, the result will be greater housing instability and reduced access to critical health supports. In a province already facing severe shortages of affordable and supportive housing, as well as increasing barriers to harm reduction, these dynamics are likely to push more people into homelessness, encampments, or other precarious living situations while also reducing the availability of services designed to reduce drug-related harms.

Homelessness itself is associated with serious and well documented health risks. People without stable housing are more likely to experience exposure to extreme weather, violence, food insecurity, and lack of access to basic sanitation and hygiene.<sup>11</sup> They also face significant barriers to accessing healthcare, including obtaining health cards, securing prescriptions, and maintaining treatment for chronic conditions.<sup>12</sup> Housing instability can disrupt access to HIV treatment and other essential care, with direct consequences for health outcomes.<sup>13</sup> For people who use drugs, homelessness also increases exposure to the toxic drug supply and reduces access to harm reduction services.<sup>14</sup> Without stable housing or reliable access to services, individuals are more likely to use drugs in unsafe or isolated environments and less likely to receive timely assistance during a medical emergency.<sup>15</sup>

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<sup>10</sup> See, e.g., L. Vogel, “Decriminalize drugs and use public health,” *Canadian Medical Association Journal* (2014); J. Lavalley et al., “Reconciliation and Canada’s overdose crisis: responding to the needs of Indigenous Peoples,” *Canadian Medical Association Journal* 2018; 190(5), citing S.G. Marshall, “Canadian drug policy and the reproduction of Indigenous inequities,” *The International Indigenous Policy Journal* 2015 6:7 and E. Wood et al., “The war on drugs: a devastating public-policy disaster,” *Lancet* 2009, 373:989-90.

<sup>11</sup> See, e.g., A. Boulanger, “Shelter Right,” *HIV Legal Network*, April 2025.

<sup>12</sup> *Ibid.*

<sup>13</sup> CATIE, *Study finds that people with HIV who experience homelessness are less likely to achieve viral suppression*, October 2023.

<sup>14</sup> See, e.g., *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, United Nations General Assembly (UNGA), 71 Sess, A/71/304 (2016), at para 46; S. Fernando et al., “The Overdose Crisis and Using Alone: Perspectives of People Who Use Drugs in Rural and Semi-Urban Areas of British Columbia,” *Subst Use Misuse* 2022; 57(12):1864-1872.

<sup>15</sup> See, e.g., HIV Legal Network, *Safer Municipalities Act, 2024 – Restricting Public Consumption of Illegal Substances Act, 2024 – Submission of the HIV Legal Network*, 2025; citing J. Donaldson et al., “Municipalities under pressure: The human and financial cost of Ontario’s homelessness crisis,” *HelpSeeker*, 2025.

Moreover, with the passage in 2024 of the *Restricting Public Consumption of Illegal Substances Act, 2024* which punishes drug consumption in a “public place,” including a dwelling such as a tent (and eventually on public transit) and the *Community Care and Recovery Act*, which has led to the closure of the majority of supervised consumption services in Ontario, an increasing number of people who lose access to housing as a result of the *MRPIDAA* will use drugs in isolation in order to avoid law enforcement surveillance, where they are subject to greater risk of death and other harm.<sup>16</sup> Alternatively, people will use drugs who have been displaced from their homes because of the *Act* will use drugs in public places, risking arrest, criminalization, and incarceration at a time when the vast majority of Ontario jails are over capacity and overcrowded — with 3,000 more people in custody than three years ago.<sup>17</sup> Policies that destabilize housing and undermine access to harm reduction services therefore risk worsening the very public safety and health concerns they seek to address.

### Inevitable Discrimination

The *MRPIDAA*, even with the proposed exemptions, invites discriminatory practices against people who use drugs or who are perceived to use drugs. In practice, the *Act* places landlords in a difficult position: reduce potential liability or engage in discrimination based on drug use.

The *Ontario Human Rights Code* prohibits discrimination in the provision of housing, services, and accommodations based on disability.<sup>18</sup> Drug dependence is recognized as a disability under these protections, and the Ontario Human Rights Commission has clarified that these protections extend not only to individuals with substance use disorders, but also to those who are perceived to have an addiction or who have had a dependency in the past.<sup>19</sup>

As a result, refusing to rent housing or provide services to individuals because they use drugs, or are perceived to use drugs, likely constitutes discrimination based on disability. Housing providers and service organizations are required to accommodate disability-related needs up to the point of undue hardship, a high legal threshold that cannot be met through stigma, stereotypes, or generalized concerns about safety.

Government policies must therefore be implemented in a manner that ensures housing and services are provided without discrimination, including based on real or perceived drug use. The current legislative framework encourages the opposite.

### CONCLUSION

Taken together, the *MRPIDAA* and the proposed regulations will undermine housing stability, reduce access to healthcare, harm reduction, and other supportive services, increase health risk, including the risk of toxic drug injury and death, and create conditions that invite discrimination against people who use drugs or who are perceived to use drugs.

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<sup>16</sup> See S. Fernando, *supra* note 14; J. Barocas et al, “Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities,” *JAMA*, 2023 May 2;329(17):1478-1486.

<sup>17</sup> J. Ireton and V. Ouellet, “Ontario jails set to hit overcrowding record as bail reform looms, data shows,” *CBC News*, December 8, 2025. Online: <https://www.cbc.ca/news/canada/ontario-jails-overcrowding-data-9.7003336>.

<sup>18</sup> *Human Rights Code*, RSO 1990, c H19, s. 1.

<sup>19</sup> See, e.g., Ontario Human Rights Commission, *Drug or alcohol dependency and abuse as a disability*, December 2009; Ontario Human Rights Commission, *Human rights, mental health and addiction disabilities*, 2012.



At a time when Ontario is facing intersecting housing and drug toxicity crises, policies that destabilize housing or reduce access to essential services place already marginalized individuals at greater risk of harm. **The Government of Ontario should repeal or suspend implementation of the Act and reconsider this legislative approach in consultation with people with lived experience of drug use and homelessness, public health experts, housing providers, and community organizations.**