

2. Is it normal practice for Canadian editions of U.S. magazines to be mailed from the United States to Canadian subscribers?

3. What is the estimated loss of revenue from billings, promotions and reminders sent by *Time* magazine to Canadian subscribers of their Canadian edition, post marked U.S. postage, Chicago, Illinois?

4. What other Canadian editions of foreign magazines mail their publication billings, promotion, etc. in the United States for delivery in Canada?

5. Has the Post Office Department made any proposals to *Time* magazine to secure this revenue and, if so, what has been the reaction?

Hon. Jean-Pierre Côté (Postmaster General): 1. Information not available. However, statistical samplings will be held in 1973 under the auspices of the Universal Postal Union to determine the imbalance of mail exchanged between countries and when there is an adverse imbalance of traffic, the country of destination will be compensated. This will apply to mails exchanged between the U.S. and Canada.

2. No, to our knowledge it is not normal practice for Canadian editions of U.S. magazines to be mailed from the United States to Canadian subscribers.

3. Information not available.

4. None to our knowledge.

5. Yes, the reaction has been favourable and an early decision on this question is expected.

NON-MEDICAL DRUG USE PROGRAM

Question No. 210—**Mr. Dinsdale:**

1. Has the government sponsored a network of "Non-Medical Drug Use" offices and, if so (a) how many have been opened (b) where are they located?

2. How are these offices funded and in what amounts?

3. How are they staffed and is the Public Service Commission involved in the selection of personnel?

Hon. John C. Munro (Minister of National Health and Welfare): 1. The headquarters office of the Non-Medical Use of Drugs Directorate is located in Ottawa. In addition, there are five regional offices located in Halifax, Montreal, Toronto, Winnipeg and Vancouver.

2. The offices are presently funded from funds voted for the Non-Medical Use of Drugs program.

3. A clerk-secretary is located in each regional office. These employees were selected according to Public Service procedures, and are appointed on a one-year term. With the exception of one officer in the Montreal office, all project officers located within the regional offices have been employed on short-term contracts. This method of employment has been used to respond immediately to urgent demands and to suit the nature of present program demands on these offices.

ABORTIONS

Question No. 311—**Mr. Robinson:**

1. Has the government calculated the number of extra hospital beds that will be required if the abortion laws are liberalized and, if so, how many extra beds will be required and who will pay for them?

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2. Has the government any information to indicate that extra beds for abortion cases will be supplied at the expense of seriously ill people requiring hospitalization and, if so, how many will be unable to obtain accommodation?

Hon. John C. Munro (Minister of National Health and Welfare): 1. According to practice policy, if the pregnancy is within the first 12 weeks, the abortion is carried out, most likely on an out-patient basis. This would not increase the need for additional hospital in-patient beds. In those cases, however, where the pregnancy is between 12 and 20 weeks, there would be a small but definite increased demand for in-patient service. These patients represent a small but important group when the indications for abortion, e.g., congenital anomalies in the fetus, become manifest later in the pregnancy. Payment for these patients would be made through existent hospital insurance and medical care plans as practiced in the provinces on a shared federal-provincial basis.

2. A therapeutic abortion is an elective procedure which should be performed within certain time limits. In consideration of this fact, hospital admission policies in respect to abortion are structured to either establish a quota of in-patient bed occupancy for these cases or reserve special beds only for this purpose, referring further admission requests for abortion to other hospitals in the community. The administration of the hospital is responsible for admission policies and is consciously aware of the need to retain a number of beds for the unpredictable requirements for admission of seriously ill patients. It is not anticipated that any seriously ill patients would be turned away from any hospital, particularly because of a prior commitment of such hospital to admitting a patient for therapeutic abortion. Provision has been made through planning, to anticipate these eventualities.

PROGRAM OF DISSEMINATION OF INFORMATION TO INDUSTRY AND BUSINESS

Question No. 408—**Mr. Robinson:**

Will the government through Information Canada carry on a program of dissemination of information to industry and business?

Hon. Martin P. O'Connell (Minister of Labour): Information Canada has no plans at the present time to carry on a program of dissemination of information specifically to industry and business.

*CANADA MANPOWER TRAINING PROGRAM—TRAINING AND ALLOWANCE COSTS

Question No. 417—**Mr. Rynard:**

Were there variations in (a) training costs (b) allowance costs (c) total costs under the Canada Manpower Training Program between the Provinces of Ontario and Quebec during the period April 1971 to January 1972 and, if so, for what reasons?

Mr. Ray Perrault (Parliamentary Secretary to Minister of Manpower and Immigration): Mr. Speaker, may I propose to the hon. member who asked this question that the reply be taken as read, because it is rather long. I further propose that it be incorporated in *Hansard* for today.