

the spin

SPINAL CORD INJURY BC

FALL 2025

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SCI BC's Access BC program partners with tourism associations to create virtual tours that make exploring BC more accessible for everyone



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contents

FALL 2025

features

12 Cover Story

SCI BC's Access BC program partners with tourism associations to create virtual tours that make exploring BC more accessible for everyone.

16 Summer Events Recap

A photo snapshot of our peers at our summer events.

22 Taking the Plunge

SCI BC peer Jordan Fielder dives headfirst into a cold plunge business with the support of his community.

25 Clearing the Haze

From research to real-life stories from peers, we're hashing out the latest on cannabis to help you navigate the world of weed with confidence.

departments

4 editor's message

Reflections on the past 15 years.

6 innovations

New products for daily living.

8 events

Important dates for your calendar.

9 peer shoutouts

Giving credit where credit's due.

10 community highlights

Shining a light on partner and staff achievements.

11 ask InfoLine

An overview of the Canada Disability Benefit.

20 peersay

Peers sharing their favourite hobbies.

33 participate in research

ICORD research projects that need your participation.

34 last word

SCI BC member Andy Caswell started the Catheters For Free BC Foundation to urge the provincial government to fund single-use hydrophilic catheters—and he needs your help.

COVER: Agasha Mutesasira from SCI BC's Access BC team explores the Westside Legacy Trail. Photo credits: Fairmont, Invermere by Mitch Winton / KootenayRockies.com.



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Spinal Cord Injury BC

Reflections on the Past 15 Years

This September marks my 15th year at the helm of SCI BC. I was hired by the Board in 2010 to lead a renewal of the organization, which, because of funding cuts, had just undergone a significant shift in the services it delivered. The change was disruptive, but it offered an opportunity to focus on SCI BC's core strengths: peer support and its collective knowledge and expertise in providing vital information about living with a disability in BC.

In many ways, that shift marked a return to our roots but in a modern way. We set about becoming more inclusive and relevant throughout folks' entire journeys. We updated our mission statement to focus our work and changed our name to better represent the diversity of people with SCI in BC. We've been intentional about learning from our members about what is meaningful to them and adjusting and adapting our services to align with their ideas and priorities. And we have created new ways of communicating with all involved with our work, such as through *The Spin*, newsletters, websites, and social media.

A key goal of mine has always been to build and rebuild trust with our members, partners, and supporters. As a relatively small organization, we have been able to do a lot with a little over the past 15 years. This is in large part because of the rich relationships we have with our health care, community organization, academic research, government, and private sector partners, who have come to trust and value the work we do, and to the trust our members and supporters have placed in us.

A measure of the value we provide is reflected in the increase in revenue we have been able to bring in over the years, which has allowed us to expand the reach and scope of our services. But for me, it is in the increased engagement of our members, including many of those who had lost touch as they became disconnected or disillusioned with the organization in the past, that is a validating indicator that we have been on the right track.

While it is important to honour the past, it is important not to get rooted in it. We must keep evolving with the times and innovating services that are relevant and meaningful. To do this, we need to hear from you, our members, supporters, and partners, about how we are doing and what you'd like to see us do in the future. When we send out surveys or offer opportunities to provide feedback, please take advantage of the opportunity. Over the next year, we will be providing more of these opportunities to let us know how we are doing, so don't miss out on your chance to help us thrive together.

Looking back, a lot has happened over the past 15 years (let's not talk about the pandemic). Looking forward, we are excited about continuing to work with everyone within the SCI BC community to make sure we adjust, adapt, and thrive together.



—Chris McBride, PhD, Executive Director, SCI BC



thespin

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We acknowledge that *The Spin* is created on the traditional and ancestral territory of the Coast Salish peoples—Squamish, Musqueam, and Selilwiltulh (Tsleil-Waututh) Nations. Our provincial work takes place on the territories of Indigenous peoples who have lived on and cared for the land for time immemorial. We are grateful to work, share stories, and connect in these spaces.

SCI BC InfoLine: 1.800.689.2477



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SPIN&LOAD DISHWASHER RACK

Bring more accessibility to the kitchen with The Spin&Load Dishwasher Rack from Whirlpool. With its 360° spinning lower rack design, it reduces the physical strain and the need to bend while loading or unloading dishes. The rack is easy to use and can be installed in all 24" Whirlpool dishwashers created after 2018. You can rest assured knowing that the inclusive design involved collaboration with the disability community at every development stage, ensuring accessibility needs were considered. The packaging is even inclusive with an accessible pull tab that can be easily opened with one hand. Keep a lookout for Whirlpool's Spin&Load Dishwasher in the future near you.



Innovations

New products, devices, and aids to daily living that might make a difference in your life...



HYPERSHELL X

The Hypershell X, which may be an option to explore for folks with SCI who are ambulatory, is the world's first outdoor exoskeleton that combines robotics and AI to make every stride easier, whether that's for travel, sports, or everyday life. Key innovation highlights include reducing physical exertion by 30% so you can move easily, 40% more leg strength to go the distance, a light weight of just 1.8 kg, a flexible design that adapts over time to comfortably suit different body types, and the AI MotionEngine that detects movement in real time to adapt to your unique strides and personalized exoskeleton. The product can even withstand temperatures from -20 to 60° C. The Hypershell Intelligent Battery has a range of 17.5 km and a service life of 4,000 km with normal use. Learn more at ca.hypershell.tech.

ADAPTIVE UTENSIL HANDLES

The assistive device library at Makers Making Change is the go-to hub for all your everyday assistive technology. It features over 200+ open-source designs, including the adaptive utensil handles for the IKEA IDENTITET (range of stainless steel cutlery). If you have limited grip strength or range of motion, try out six different handle shapes to see which design works for you to eat independently. Once you have figured out the best option, users can 3D print more of the preferred design. Head over to makersmakingchange.com for more information or other assistive technology.





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Update your job hunting skills.

Don't miss out on Neil Squire's free webinar series designed to support job seekers with disability. Each session dives into practical tools, insights, and resources that will help you in your employment journey. The next session is on October 7 at 10 AM on LinkedIn for Job Search. Other topics include the job market, AI, wellness, interview confidence, and more. Save your spot by registering at neilsquire.ca/webinarseries.




Brush up on your painting skills.

Unleash your creative side at our Surrey Paint Night! Whether you're a total beginner, casual dabbler, or pro, join us on October 8 from 6-8 PM at the Cloverdale Recreation Centre for a fun acrylic paint workshop led by a qualified instructor. Create your own acrylic painting on a 12 x 16" canvas and take home your artwork that's uniquely yours! Refreshments and painting materials will be provided. RSVP by emailing Rod at rbitz@sci-bc.ca.



RSVP to our next Ask an Expert!

Join us on October 9, 4-5 PM for a session designed to better understand pressure injuries related to SCI. We welcome wound care nurses Rachel Grace and Lauren Danzi from HAPI Shield to guide you through essential topics to empower you in prevention and management. The session will conclude with a Q&A where you can ask your questions. Register at sci-bc.ca/AAE-pressureinjuries or email Teri at tthorson@sci-bc.ca for more details.







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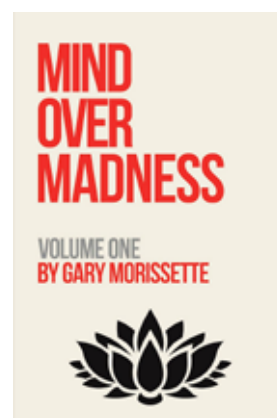
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If you are able to help us by donating an auction item, please contact Krystyna at kpangilinan@sci-bc.ca.



GARY MORISSETTE turned the page to greatness with his newly published book, *Mind Over Madness Volume One*. Morissette is a musician, concert technician, music producer, and certified meditation teacher who survived a fall from a four-story building and is now a quadriplegic who breathes with a ventilator. The book was written using voice control on an iPad and entails his life story of drug addiction, mental health struggles, and his journey to mental wellness. “If my book helps one other person with struggles similar to mine, then I have done my job. If it helps more, all the better,” said Morissette. Volume One introduces readers to basic meditations while the future release of Volume Two will cover advanced meditations and the science of meditations and vibrational chakra tuning.



Peer Shoutouts

Are you an SCI BC peer with something to shout about? Or know a peer who has recently achieved something noteworthy? Send the details to thespin@sci-bc.ca.



Here’s a shoutout worth streaming everywhere: our peers, **PAUL GAUTHIER, EAN PRICE, AND MONICA GARTNER** have recently been featured in **STEVEN VINE’S** The Disability Diaries podcast. Vine is a person with a disability who shares stories about his life and interviews others in the disability community including healthcare professionals, caregivers, and advocates. Gauthier appears on the “‘Risk taking is free’ and ‘Information is power’” episode, Price makes an appearance in “Rollin’ through life with Ean,” while Gartner is spotlighted in “Dynamo in electric wheelchair.” Tune into the Disability Diaries on Apple Podcasts, Spotify, and Amazon Music.

BC peers, **DARYL YUEN, BROOKE PEREPELUK, JULIA HANES, AND PAULO GUERRERO** crossed the finish line to brilliance at the 2025 Canadian Track and Field Championships in Ottawa. A total of seven athletes represented our BC SCI Network partner, BC Wheelchair Sports, at the Nationals and some even took home medals! A record-breaking shoutout goes to Daryl Yuen who has thrown himself into the spotlight by winning his first Nationals’ medal in Men’s Seated Discus, Brooke Perepeluk who raced to bronze in the Women’s 100m, and Julia Hanes who collected three gold wins in Shot Put, Discus, and Javelin. Congratulations to the team!





A FAMILIAR FACE ASPIRES TO BE WHITE ROCK'S NEXT CITY COUNCILLOR

SCI BC Board Member, Susan Bains, is rolling for an opportunity to serve as a White Rock City Councillor. You might recognize Bains from the Fall 2024 issue of *The Spin* for her persistent advocacy that led to the installation of an accessible mat on the White Rock pier. Bains, who has a background in human resources, entrepreneurship, and accessibility advocacy, has lived and worked in White Rock for over 17 years. Her priorities for Council include preserving the livability of White Rock, building a strong, inclusive community, and maintaining a resilient local economy. Learn more about Bains' campaign and how to support her at susanbains.ca. White Rock's Municipal Election will be held on Saturday, September 27 and keep an eye out for election results at whiterockcity.ca.

Community Highlights

NEW PROGRAMMING FROM IDC/BCANDS SUPPORTS INDIGENOUS PERSONS WITH DISABILITIES IN CANADA IN ACCESSING BENEFITS

Indigenous Disability Canada (IDC)/BC Aboriginal Network on Disability Society (BCANDS) has launched a new service to assist eligible Indigenous persons and families with disabilities in navigating and obtaining disability related benefits across Canada. The IDC National Indigenous Navigation Services (NINS) is free of charge and available in all parts of Canada. The NINS can be reached directly at 1-888-815-5511 (toll free) by asking for a NINS Navigator, by email at ninsadmin@bcands.bc.ca, or fill out the NINS Request for Services Form on their website at bcands.bc.ca.



ABC PHD X 2

It takes more than knowing your ABCs to complete a PhD, but you need to be well versed in them when you are doing your PhD in Dr. Heather Gainforth's ABC Lab at UBC's Okanagan Campus. This is certainly the case for Dr. Alanna Shwed and Dr. Emily Giroux, who both successfully completed their PhD training in Gainforth's Applied Behaviour Change (ABC) Lab this past summer. Both Shwed and Giroux's research focused on different aspects of partnerships within the SCI research system, working closely with SCI BC along their academic journey. As peers in the Okanagan will attest, they are also great contributors to the SCI community outside the lab. Three cheers for these two new PhDs!

LEFT TO RIGHT: Dr. Alanna Shwed, Dr. Heather Gainforth, and Dr. Emily Giroux.



Ask InfoLine: Answering Your SCI FAQs

I've heard about a new disability benefit in Canada but I don't know anything about it. Can you tell me what it is and how to apply? I sure could use some extra money! —Shawn, Sechelt



To answer this question we turned to SCI BC's InfoLine Service Lead, Heather Lamb, MSW, RSW.

Good question! The Canada Disability Benefit (CDB) is a new benefit for disabled Canadians who qualify for the Disability Tax Credit (DTC). The new benefit is meant to provide a tax free financial support paid directly to Canadians with a disability.

The DTC is a non-refundable tax credit that may help to reduce the income tax that you have to pay. It also allows DTC recipients to open a Registered Disability Savings Plan (RDSP), so there are other reasons to ensure you have applied for it if you qualify. To qualify you must "have a severe and prolonged impairment in one of the categories [such as walking], significant limitations in two or more categories, or receive therapy to support a vital function." See sci-bc.ca/disabilitytaxcredit for full information on eligibility, as well as the application forms.

To apply for the DTC, you will need to submit your application to the Canada Revenue Agency (CRA). You can complete your portion of the application online, by phone, or on paper. If you do it online or by phone, you will be given a reference number that you have to give to your doctor or other medical professional (such as an Occupational Therapist or Nurse Practitioner). They will submit their portion of the form digitally. To apply on paper, complete your section of the form and sign it, then take it to your medical professional and they will complete their section. It can be sent in either by the medical professional or by you as the applicant. Make sure you keep a copy of your application on file.

The CRA will notify you of their decision for the Disability Tax Credit, which can sometimes be backdated (with some limitations) if you've had your disability for a while. This may save you money in your taxes.

Once you are approved for the DTC, you can apply for the new Canada Disability Benefit (CDB). The benefit is available for Canadian residents (citizens or permanent residents) ages 18-64 (you can apply at 17.5 years of age). You must file your income tax each year.

This benefit provides up to \$200 per month for a single person based on your adjusted family net income. If you're on PWD, the BC government has promised to

not claw this money back from your PWD cheque. For couples, the calculation to determine the monthly benefit will depend on the family income, and whether one or both partners are disabled.

The amount of money you receive will be calculated based on your adjusted family net income. See sci-bc.ca/cdb-amount for a full explanation of what this means, and a calculation of how much you could receive. Those with lower incomes will likely receive the full amount of \$200 per month.

Is it worth it to apply for the Canada Disability Benefit if you earn an income? The application is fast and easy, especially if you already have the DTC. If you don't have the DTC yet, the potential tax benefits make it worth the effort for most people—and any extra money can be a help to cover the extra costs of having a disability.

You can apply for the CDB online, by phone, by postal mail, or at a Service Canada office. Check out sci-bc.ca/cdb-apply for the online application form, or to download the printable version to apply by mail. Call 1-833-486-3007 to apply by phone, or visit your local office.

If you have any questions about how to apply for either the Canada Disability Benefit or the other federal disability savings and credits mentioned in this article, the InfoLine can help! Contact us by phone at 1-800-689-2477 or by email: info@sci-bc.ca.

We can also help you to find out if you might qualify for related government or other funding programs. See our SCI Information Database post on other programs and discounts you might qualify for or ask us directly: sci-bc.ca/disabilityprograms

Don't hesitate to contact InfoLine for more information on anything related to SCI or disability in British Columbia. ■

Additional Tax Preparation Resources

Tax Tips for People with Disabilities:

sci-bc.ca/taxtips

File income taxes (Disability Alliance BC):

disabilityalliancebc.org/file-income-taxes



Exploring Made Easy: Access BC's Virtual Tours Highlight BC Destinations

Spinal Cord Injury BC's Access BC program partners with tourism associations to create virtual tours that make exploring BC more accessible for everyone.



Photo Credits:
Jody Wall

A lot has changed in the 10 years since Spinal Cord Injury BC's Access BC program first began creating virtual tours for popular BC destinations. Camera technology has improved, photography software has advanced, and online wayfinding platforms like Google Maps have introduced a number of new features and tools. At the core, however, one thing

has remained the same; virtual tours allow everyone to experience the beauty of BC. More than that, they provide a highly detailed overview that helps people with disabilities plan their visit and feel prepared.

If you're not familiar with the concept, a virtual tour is a digital representation of a physical space composed from a series of first-person POV photographs.

Jody Wall, the principal photographer and virtual tour creator for Access BC, explains the process, "Each image you see in a virtual tour is actually 12 images. I shoot in HDR with an eight-millimeter lens, which is a big fisheye. I try to make every image as true to the location as possible—so I shoot from all directions and then stitch the photos together with a software program. It takes the [photographs] and puts them together into a sphere that allows users to [navigate] between the images, as if they're walking or wheeling through that space."

The final 360-degree virtual tours are published on Google Maps for a particular business or area of interest, and anyone can view them using the Google Street View feature. In some cases, virtual tours also appear on tourism association websites or business webpages.

Wall has been capturing photos and creating virtual tours for over a decade and has been working with Access BC for much of this time. "I was giving a presentation at a Tourism Northern BC general meeting and that's when I met Nancy Harris [Access BC's Regional Development Liaison] and we started talking about accessible tours."

The first project Wall worked on was a virtual tour of the Ancient Forest/Chun T'oh Whudujut Provincial Park near Prince George. At the time, he had never created a virtual tour focused on accessibility and he was eager to learn. The Access BC team guided him through the process of conducting an accessibility assessment and soon Wall was able to recognize what accessibility elements needed to be documented in a virtual tour and why.

"It's been really interesting learning about all the things you don't think about being able-bodied," he says. "My parents are getting elderly now [and] I'm starting to see how much care and planning goes into some of the things that we do as they age. I think [virtual tours] are really important."

After the success of the Ancient Forest/Chun T'oh Whudujut Provincial Park

virtual tour, Wall and Harris began brainstorming other opportunities. There was a clear need to share more accessibility information online for people with disabilities, and BC tourism associations were equally eager to meet this demand.

Emilie Cayer-Huard, Project Manager for the Kootenay Rockies Tourism Association (KRTA) explains, “Mak[ing] tourism more inclusive and accessible has been among the key provincial destination development priorities in British Columbia for close to a decade... [and] virtual tours are a great feature that help future visitors in their trip planning and in building excitement about their upcoming visit.”

In 2018, KRTA was one of many regional tourism associations, local governments, and community associations that entered a memorandum of understanding with SCI BC to provide a coordinated approach to the development of accessible travel and tourism in the associations’ regions of BC.

In addition to KRTA, other tourism partners include the Cariboo Chilcotin Coast, Thompson Okanagan Tourism Association, Tourism Prince George, Tourism Vancouver Island, Vancouver Coast and Mountains Tourism Region, and the Tourism Industry Association of BC.

“Beyond simply providing a sneak peek of a tourism experience, business,



LEFT TO RIGHT: Nancy Harris, Access BC Regional Development Liaison, and Jody Wall.

or a site by allowing the future visitor to picture themselves within it, virtual tours can provide meaningful planning information to people with mobility challenges or disabilities,” Cayer-Huard says. Wall echoes this sentiment, explaining that when he shows up to a place to take virtual tour photos he does a quick walk-through, and notes features of importance like accessible parking spots, elevators, ramps, automatic doors, lowered counters, wide pathways, or pool lifts. “Even if a business [or a space] isn’t super accessible, I still shoot with that in mind. Those details matter just as much for someone planning a trip,” he says.

This summer, thanks to funding from Pacific Economic Development

Canada—a federal agency that supports the growth and diversification of BC’s economy—Wall travelled to the KRTA region and captured images for 19 different businesses and over 16 outdoor spaces, parks, and popular tourist areas. Wall recounts a memorable experience in Nelson, BC, when he visited the Rotary Lakeside Park and was happily surprised to discover that the lakeside location provided access to two floating chairs that allowed visitors with mobility challenges an easy option to get down to the water and enjoy being in the lake. Wall captured images of the chairs and Rotary Club support staff who are available to assist visitors. These images now appear publicly on Google Maps in the



Lakeside Rotary Google Street View

street view for anyone to see. Without Access BC's virtual tours and the support of KRTA, this accessibility feature would not have been captured and shared by regular Google mapping.

"With these tours, all of the businesses I visited had to have either already had an accessibility assessment or agreed to get an accessibility assessment through SCI BC," Wall says. In this way, the virtual tours encourage businesses to improve accessibility while also promoting the region. They also give businesses a boost in visibility on Google Maps and search engines. As Cayer-Huard describes, "Business owners and park and other facility operators really see value in this project and want to participate. [The] tours help boost their online presence and reach new potential guests. They also contribute to building the region and BC's reputation as an accessible travel destination. It's a win all around."

If you have any questions about virtual tours or want more information about



Jody Wall's route to shooting accessibility-focused virtual tours throughout the Kootenays. Stops include Rossland, Trail, Balfour, Nelson, Creston, Cranbrook, Kimberley, Fernie, Golden, and Revelstoke.

improving accessible outdoor recreation and tourism opportunities, please reach out to Access BC at nharris@sci-bc.ca or visit us online at sci-bc.ca/access-bc.

You can also learn more about Jody Wall at jodywallphotography.com.

KRTA offers accessibility assessments on an on-going basis for accommodation

properties and campgrounds. Instructions on how to sign up and additional resources on accessible travel can be found on the KRTA corporate website: krtourism.ca/accessibility.

View virtual tours by region and other accessibility resources at sci-bc.ca/exploring-made-easy. ■

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and burgers
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family/friends
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events



31

volunteers
supported
our events



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events](https://sci-bc.ca/events) or scan the QR code
for your next SCI BC event.





THANKS

TO OUR SUPPORTERS,

we achieved some incredible milestones worth celebrating:

- ✓ over **\$83,000** raised
- ✓ claimed the **#3 spot** for top fundraising charity
- ✓ **146** members joined Team SCI BC
- ✓ hosted **6** regional Charity Challenge events across BC

Charity Challenge 2025



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More Than a Pastime

Peers open up about everyday activities that bring joy, purpose, and connection.

So... what do you do all day? If you've ever been on the receiving end of that question, you're not alone. For people with disabilities, the answer isn't always simple. What might look like "just a hobby" to someone else can be a source of passion, purpose, creativity, and appreciation for someone else. We asked peers to share the activities that light them up so that you might get inspired to try something new yourself.

Emerson, Adaptive Luge & Longboarding

Before my injury I was an avid skater and competed at many downhill events across North America. When the skate community heard about my injury, they provided overwhelming support. Working with the skate community, my goal is to develop designs for para and quadriplegic riders.

The master skateboard designer and owner of Berley Skate in Kimberly provided me with a prototype adaptive luge, with brakes and an adjustable backrest for racing. I want to compete in downhill luge class and adaptive class. My ultimate goal would be to represent Canada at the World Roller Games!



Lisa, Dancing

I have danced my whole life and taught dance and fitness for over 20 years. After a motorcycle accident, I became an above-knee amputee and use a wheelchair full time. I am so incredibly proud to be back dancing in my wheelchair and even teaching again! Adding moments of physical activity that can make people smile has been a huge bonus for my mental health.

All my participants have been able bodied, which asks me to lean on my teaching skills, but I hope to branch out into teaching seated fitness classes as I continue to adapt and create a new sense of self. I live in Osoyoos, and anyone is welcome to join my current classes. I am happy and proud of how far I've come when life feels like it's at a standstill.

Jason, Boxing

I was introduced to wheelchair boxing during Covid when SCI BC offered an introductory online class with adaptive boxer Leo Sammarelli. I was hooked after the first session, even though my punching technique wasn't great! Five years later, I'm still attending online classes, and it's really improved my range of motion. The Thursday classes with SCI BC are a great way to exercise at your own pace, without even leaving your home.



Marney, Woodworking

My husband and I have been going to the Tetra Society's woodworking shop for eight years now. We've made beautiful frames, bowls, lidded boxes, and a couple rolling pins! The newest fun was using and learning the lathe, a really fun but quite technical skill. What's greatest about Tetra is the elbow tool (created, built, and donated by woodturner Tim Yoder) which can be used with one hand/arm.

Spill the Beans on Grocery Savings

Groceries are eating up more of everyone's budget these days. Between sticker shock and shrinkflation, the old money-saving tricks don't always work anymore. We want to know: Where do you shop? How do you get the best bang for your buck? How do you balance cost and convenience?

Send your tips to thespin@sci-bc.ca and we'll share them in the Winter 2025 issue of *The Spin*.



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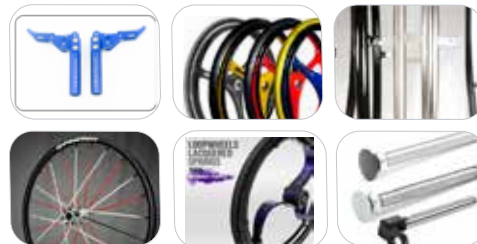
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
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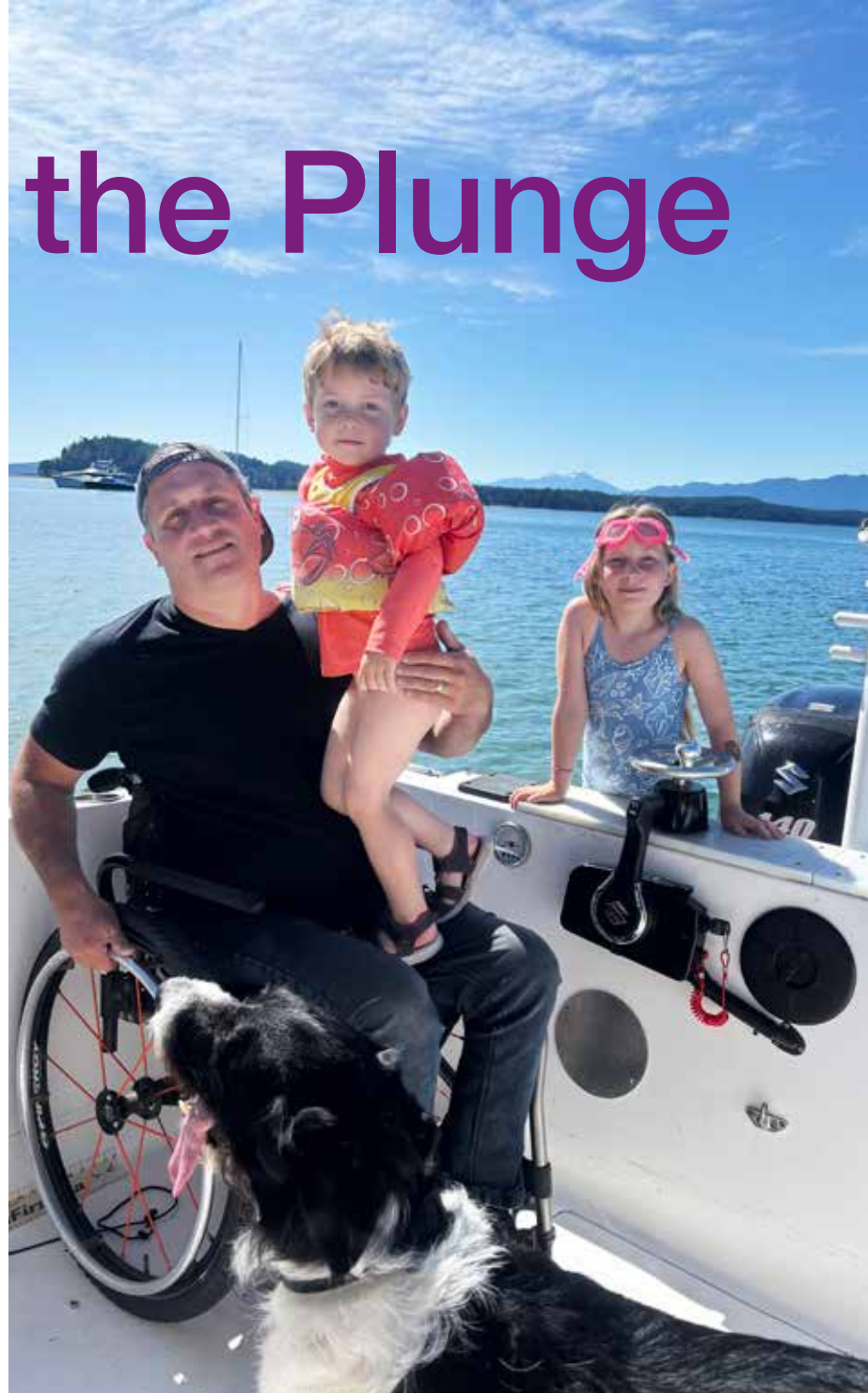
Taking the Plunge

SCI BC peer Jordan Fielder dives headfirst into a cold plunge business with the support of his community.

“There were a lot of uncertainties,” Jordan Fielder, SCI BC peer, describes of the time period immediately following his injury. “I didn’t know if I was going to have any insurance. Income stopped coming in. My wife had just given birth and was on maternity leave. We were going into this huge unknown with our relationship, our finances, and where we would be living.”

In 2012, Fielder had a dirt biking accident while living in Fort McMurray, Alberta where he was working as an HVAC refrigeration mechanic and anticipating the birth of his first child with his wife, Jen. “I was trail riding on my KX 450 and I was in a meadow with tall grass. And while I was going through that meadow to get onto a trail, I hit a big boulder that was sort of hidden in the grass,” he says. “I broke my sternum rib cage on both sides and T3 to T5 was pretty much pulverized. It was a complete spinal cord injury.”

After the accident, Fielder spent three months at the Glenrose Hospital in Edmonton for rehab before returning home to Fort McMurray where he and his wife quickly realized that the approaching winter conditions weren’t conducive to his recovery. Originally both from BC (Fielder from Victoria and Jen from Comox), the pair decided to return to Vancouver Island and bought a house sight-unseen in Comox. “Our son was born about two weeks after I was out of rehab and he was about only 30 days old when we moved home. We took a leap of faith,” he says. “We definitely couldn’t have done it without our community. During those first



six months, we just didn’t know what to expect and everybody really chipped in. There was a lot of uncertainty and everybody pulled through.”

On the Island, Fielder adapted to life with SCI while also embracing his new role as a father. Gradually, and with support from near and far, he returned to many of the hobbies he loved before his accident. Whether it was in the form of phone calls with SCI BC’s Peer Mentor Program Manager, Bert Abbott; YouTube videos from the States on how to drive

with hand-controls; local friends who helped install an old Handy Dart lift in his RV; or a UK company that introduced him to all-terrain wheelchairs, help came from every corner of the SCI community. In particular, Fielder cites Mountain Trike UK as being one of the first places where he learned about off-road, three-wheeler chairs and purchased one to get him back on the trails. “Being out on the trails has always been a passion of mine and here on the Island, there’s so many logging roads and trails to explore... Eventually I



ended up building a couple of little four by fours with hand controls in them. I started meeting up with off-road four by four groups out here and was back in the bush again. It's a great pastime."

Ten years later, Fielder and his family took another leap of faith and sold their house to buy a larger property and build a fully accessible home for their growing family. As with most things in Fielder's SCI journey, opportunity arose through creating connections and community. Their new neighbour, and now close friend, expressed an interest in cold water plunging and this piqued Fielder's interest. "I remember thinking, I could probably build one of those," he says. "I had zero knowledge about [cold plunging] before this, but with my background in mechanical systems and refrigeration I thought I could figure it out. I researched what was available and found that options were fairly limited for an outdoor cold plunge back [in 2021]. So I had a co-worker at the time draw up a design and decided to build one and just see how it goes. We kind of knocked it out of the park and we realized this could



actually be a business." That's when Eureka, a cold water immersion tub business, was born.

The name Eureka is an ode to the sudden insight often found after taking a cold plunge, and the lightbulb moment that came to Fielder when trying to brainstorm what to call the business. Today, Eureka is owned and operated by Fielder and his wife and focuses on producing cold immersion tubs that have the style

of a fine piece of furniture and the functionality of a high-quality machine. Each tub is made to order in Comox, BC with heavy-gauge stainless steel and a brushed finish. "We realized that because we make [our tubs] out of such high-end materials, it kind of prices us out of the residential market... we had to go back to the drawing board and now we're aiming to get these things into commercial clients. Spas and hotels, boutiques, and health clubs."

Evolving immensely from the original prototype Fielder made in his workshop, the tub now has chemical monitoring and plumbing modifications that meet public pool health guidelines and is commercially viable.

One of the first steps in ensuring that the business was a success was to gain a better understanding of their product. "From T3 to T5 I have zero feeling so I didn't know what to expect," Fielder explains of his first cold plunge experience. "But it's funny, even with a spinal cord injury, when you put your feet in the cold water your body reacts. The [water] temperature usually ranges from three to 10 degrees celsius and I like to do it at about five. Once I get up to my chin I can sit there for about three minutes. With an SCI it is easier, you're feeling it from the shoulders up so you really have to get deep into the tub to make it count, but I notice a difference. When [I] get out of the plunge all of the spasticity is gone. Your legs and torso are like Gumby and everything is super loose. As a daily

practice I find it really helps with spasticity." He also notes an accompanying burst of adrenaline that makes exercising afterward easier and a natural hit of dopamine, or a happy feeling, that lingers throughout the day.

In the past few years, cold plunging has become a very popular wellness practice and many plungers, with or without SCI, note similar outcomes. Given the recent increase in popularity, the science behind cold plunging benefits is still emerging. A 2025 study, *Effects of cold-water immersion on health and wellbeing: A systematic review and meta-analysis* by researchers at the University of South Australia is noted as being the first systematic review of health impacts of cold water plunging in general populations. The review included 11 studies involving 3,177 participants and concluded that cold water plunging had several benefits, such as a reduction in stress 12 hours post plunge, increased sleep quality, and an increase in general feelings of wellbeing, but that other purported benefits

remained unsubstantiated. Still, for many people, it's worth taking the plunge.

As the business continues to evolve, Fielder remains rooted in and inspired by his community. Now a father of three, he and his wife are busier than ever carving out time for family camping trips, fishing adventures with friends, and, of course, cold plunging. "Having a good work-life balance is important and I think that's what keeps me happy. Keeping busy and trying to have a positive outlook on things because I know how uncertain things can get," he says. With the benefit of hindsight, he recognizes how far he's come but it can still feel unbelievable. "Looking back, it's kind of a blur. We couldn't have gone through it without the community support."

Learn more about Eureka cold water immersion tubs at eurekaspas.com. ■



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Clearing the Haze

From research to real-life stories from peers, we're hashing out the latest on cannabis to help you navigate the world of weed with confidence.

Whether you call it pot, weed, marijuana, or grass, cannabis is sparking interest like never before. In fact, research suggests that one in three people with SCI in Canada are already using it—and 60% of those use cannabis daily. But is cannabis a cure-all or just another passing puff?

Since legalization in 2018, the landscape has shifted dramatically: more research, more products, and more Canadians using cannabis. Here at *The Spin*, we want to help you navigate the world of cannabis, whether you are a cannabis newbie or a regular toker.

We'll start by breaking down the latest research, introduce you to common cannabis terms, and share stories from peers about how cannabis fits into their lives.

Cannabis Confusion

Step into a cannabis store these days and it can feel overwhelming. Miyah

Kailey says, "As someone who uses cannabis chronically, even I think, what is happening? What does this mean? I couldn't even imagine wanting to use for the first time or having a specific goal in mind. It's hard to figure out what you want when cannabis comes in so many different forms now."

Kailey, a student in Dr. Kathleen Martin-Ginis' SCI Action Canada lab, completed her Bachelor of Health and Exercise Science (Honours) at UBC Okanagan in April 2025. Before moving onto her next adventure studying Occupational Therapy at the University of Alberta, she spent the summer compiling the best available research on cannabis and SCI.

She started by talking with peers at SCI BC and Accessible Okanagan events in Kelowna. Kailey explains, "When I shared that I was also a chronic user, a lot more people would come out about their experiences. I really wanted to make a space that was non-judgmental, very inclusive,

and would facilitate that conversation around cannabis while making sure that I'm not giving incorrect information."

Kailey notes while research on cannabis and SCI exists, it's still in its early days. Many studies involve only small groups of participants. Dosing recommendations are not yet well supported by evidence.



Miyah Kailey

Kailey focused on gathering evidence-based information. You can find videos and sources in the online version of this article at sci-bc.ca/clearing-the-haze.

The Endocannabinoid System: How Does Cannabis Even Work?

Let's break it down.

Think of your neurons (nerve cells) as chatterboxes, constantly passing notes back and forth. They use chemicals called **neurotransmitters** to send these messages across tiny gaps, called synapses, from one neuron to the next. For the message to land, the neurotransmitter (the key) has to fit perfectly into the receptor (the lock). **This is called neurotransmission.** Depending on the receptor, the neuron can either get excited (speed up) or inhibited (slow down).

We all have an **endocannabinoid system**, which helps us recover from stress and maintains balance across our body systems. When we experience stress, this system kicks in and sends 'messages' (cell signaling) that help our body relax, eat, sleep, forget the stressor, and protect from stress.

Cannabinoids are chemical substances that connect to the cannabinoid receptors in the body and brain. Our

bodies naturally produce **endocannabinoids** (endo meaning inside). Some examples of endocannabinoids are Anandamide (AEA) and 2-Arachidonoylglycerol (2AG). Cannabinoids can also come from outside the body, such as the Tetrahydrocannabinol (THC) and Cannabidiol (CBD) found in cannabis.

The endocannabinoid system is made up of more than just endocannabinoids and the enzymes that clear them away when they've done their job. It also includes two main types of receptors: **CB1 and CB2**. These receptors are associated with specific bodily functions.

When our endocannabinoids system kicks in, AEA and 2AG (endocannabinoids) bind to the CB1 receptor, telling the presynaptic neuron to slow the release of neurotransmitters. Once the endocannabinoids signal the cell to slow down, they are eaten up by enzymes (MAGL and FAAH) and regular neurotransmission resumes.

What causes the endocannabinoid system to kick in? Well, anytime the body experiences stress, this system kicks in to help us recover and return to baseline.

When we add cannabis to this system, things get complicated. **CBD** is a non-psychoactive cannabinoid and has therapeutic benefits (more on these

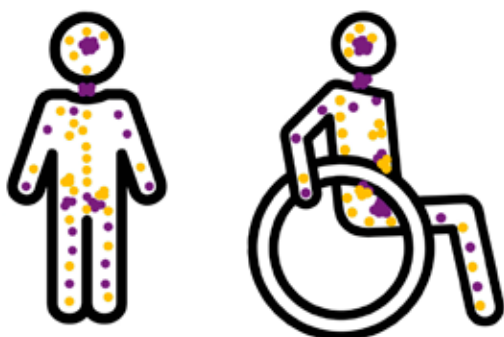
benefits later). In contrast, **THC** is a psychoactive cannabinoid that gives us a 'high'.

When THC enters the system, it connects to the CB1 receptor (the same receptor AEA and 2AG bind to) telling the presynaptic neuron to slow the release of neurotransmitters. This time, there is no enzyme to eat up THC. Because the THC lingers in the system, this leads to lasting neurological effects which is referred to as the 'high'.

When CBD is introduced to the endocannabinoid system, it changes the shape of the CB1 receptor when it binds. Now when THC goes to bind to CB1, it does not fit as well into CB1 because of the shape change. Using CBD + THC has been thought of as a method that reduces the 'high' when compared to using THC alone.

That was a lot of information, so let's summarize it in a few points:

1. Neurons talk to each other using neurotransmitters.
2. When our body experiences stress, our endocannabinoid system kicks in and tells the neurons to slow down how much they talk to each other (less neurotransmitter release).
3. When THC enters the system, it also tells the neurons to slow down their talking but, there is no enzyme to eat up THC, so we get lasting neurological effects ('high').
4. When CBD enters the system, it changes the shape of the CB1 receptor. This doesn't let THC fit as well so it cannot tell the neuron to slow down as much as it wants to. It is thought that this reduces the 'high' from THC.



CB1 receptors target:

- Appetite
- Immune cells
- Motor activity
- Motor coordination
- Pain perception
- Short-term memory
- Thinking

CB2 receptors target:

- | | | |
|------------------|-----------------------|--------------------------|
| • Eyes | • Skeletal muscle | • Skin |
| • Bone | • Tumours | • Central nervous system |
| • Kidneys | • Reproductive system | • Cardiovascular system |
| • Gut | • Immune system | |
| • Adipose tissue | • Respiratory tract | |

CB1 and CB2 receptor location and function

Different Cannabinoids and Their Benefits

You might be familiar with the terms indica and sativa:

- **Indica:** A strain of cannabis that is thought to be relaxing or aid in sleep, typically for nighttime use.
- **Sativa:** A strain of cannabis that is

The Endocannabinoid System: Further Explained

Normally, when a neuron is activated, high amounts of calcium trigger the release of neurotransmitters (NTs; like serotonin or dopamine). The presynaptic (first) neuron releases the NTs which then bind to a receptor on the postsynaptic (second) neuron. The NTs tell the postsynaptic neuron to speed up or slow down and neurotransmission continues.

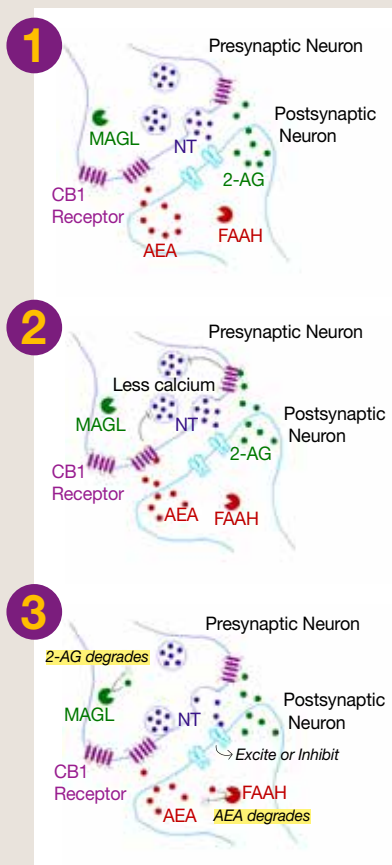
Neurotransmission of endocannabinoids: When we're stressed, the body makes its own cannabinoids (AEA and 2AG). They bind to CB1 receptors on the presynaptic neuron, telling it to release less calcium and therefore fewer NTs. This helps calm things down. The enzymes FAAH and MAGL then break down AEA and 2AG.

Neurotransmission of THC: THC also attaches to CB1 receptors on the presynaptic neuron, telling it to release less calcium and slow down NT release. But unlike AEA and 2AG, THC isn't quickly broken down by enzymes, so the effects last longer and creates a 'high'.

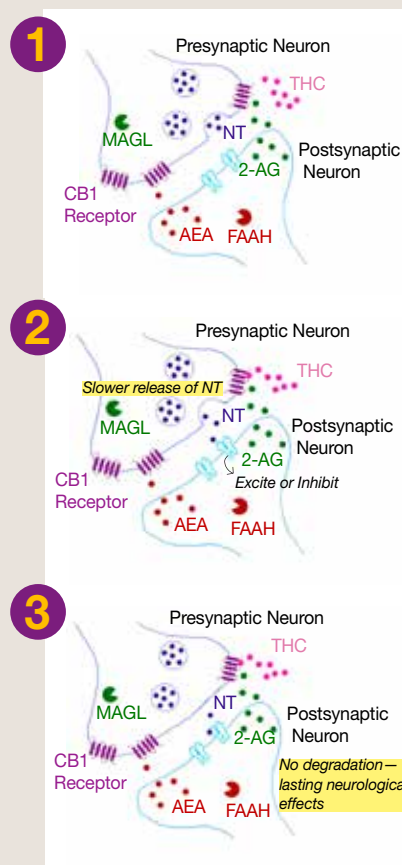
Neurotransmission of THC + CBD: THC and CBD both bind to the CB1 receptors on the presynaptic neuron. CBD changes the shape of the CB1 receptor, so THC can't attach as strongly as it normally would. This means THC can only send a weaker signal to 'slow down' NT release. The presynaptic neuron still reduces calcium release, but only partially. As a result, the overall effect of THC is blunted, and the 'high' is less intense.

Learn more in the video at sci-bc.ca/clearing-the-haze.

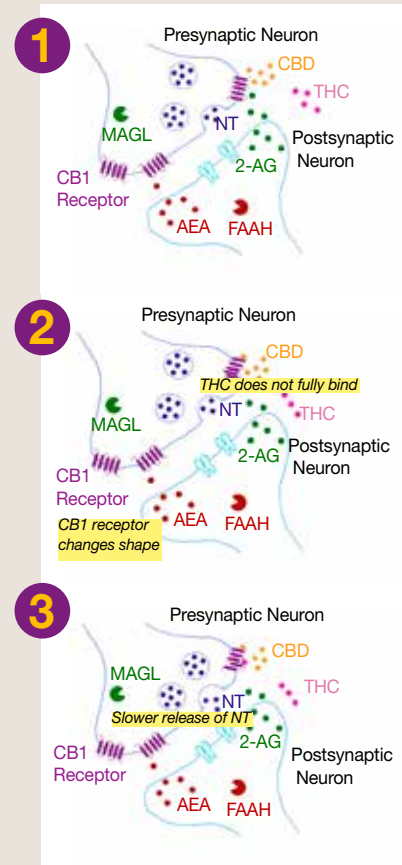
Neurotransmission of endocannabinoids (AEA and 2-AG)



Neurotransmission of THC



Neurotransmission of THC + CBD



Illustrations of the Endocannabinoid System. Below are acronyms to help you understand the diagrams:

- NT = neurotransmitter
- AEA and 2AG = naturally-occurring endocannabinoids
- MAGL and FAAH = enzymes

thought to be uplifting or euphoric, typically for daytime use.

- **Hybrid:** A strain of cannabis that is a cross of sativa and indica, the effects may vary depending on the amount of sativa and indica.

Today, most cannabis has been cross-bred (mixing of two plants) so it's unlikely that a strain is purely an indica or sativa.

When choosing a cannabis product, it is important to know what effects each cannabinoid may have. Remember that everyone's body is different. A cannabinoid that helps someone else may not produce the same benefits for you.

THC is the cannabinoid most people associate with cannabis. It's psychoactive (meaning it changes how you think or feel) and is responsible for the 'high.' THC can produce calm, reduce perceptions of pain, increase appetite (the 'munchies'), and reduce spasticity in some individuals.

CBD doesn't cause a high. Instead, it may reduce anxiety, ease inflammation, relax muscles, promote sleep, and is also used medically to treat epilepsy.

CBN (think N for night) has sedative properties and may help with both falling and staying asleep. It can also reduce anxiety, promote relaxation, reduce the perception of muscle pain, stimulate appetite, and preliminary research suggests it may help with glaucoma.

CBG tends to be more uplifting and may temporarily improve depressive symptoms. It may reduce inflammation, improve gut health, and preliminary evidence in rats suggest that it could have neuroprotective effects (i.e., protect neurons from injury or degeneration).

You may come across other cannabinoids like THCV, THCA, and CBC; however, there is not enough research yet to describe their potential therapeutic benefits, especially for people with SCI.

Let's Talk About Terpenes

Terpenes are another term that come up in the cannabis conversation.

These natural compounds give cannabis (and other plants) their aroma and flavour. Lavender, for example, gets its relaxing scent from the terpene Linalool which is linked to easing anxiety and inflammation.

Cannabis contains more than 150 different terpenes! Some of the most common include Myrcene, Caryophyllene, Limonene, and Terpinolene. You'll often hear claims that specific terpenes help with pain, sleep, or mood, but most of this evidence is either anecdotal or from early animal studies.

There's also the **entourage effect**: the idea that cannabinoids and terpenes work better together than alone. Products labelled "full-spectrum" contain multiple cannabinoids and terpenes, while "isolates" contain just one.

Kailey's advice? "If you're a chronic user, I would pay attention to the terpenes. If you're not, I wouldn't say that's the most important part."

A practical tip: If you try a product and like it, write down how it made you feel. Later, look it up online (leafly.ca has a helpful strain database) to see its cannabinoid and terpene profile. You may notice you prefer certain cannabinoids and terpenes, and this can help you pick out products that work best for you.

The Reason People with SCI Use Cannabis

So why are people with SCI turning to cannabis? Many who use it describe reasons ranging from recreation to managing anxiety, stress, depression, bladder and bowel issues, nausea, appetite loss, sleep problems, and relaxation.

A survey of 156 people living with SCI in the United States who routinely use cannabis found that the most common reasons for cannabis use were managing pain and reducing spasticity. In Canada, a survey of 80 people with SCI revealed similar trends. The top reasons were reducing pain (36.3%) and improving sleep (30%), followed by reducing spasticity (20%), reducing the need for

other medications (16.3%), reducing stress/anxiety (15%), reducing depression (13.8%), and recreation/enjoyment (10%). The main reasons cited for not using cannabis were concerns about negative health effects and social stigma or fear of judgment.

It's important to note, however, that many individuals with SCI report no improvements with cannabis use. In the Canadian study, participants rated the effectiveness of cannabis for pain relief an average of 53 out of 100, and 68 for sleep. Promising, but far from conclusive.

At this point, there are no large-scale research studies that definitively test whether cannabis is effective for these purposes in people with SCI.

The Many Ways to Consume Cannabis

Cannabis isn't one-size-fits-all. Whether you puff, pass, vape, bake, or drop a little oil under your tongue, there are plenty of ways to consume. Among Canadian peers who use cannabis, edibles are reported as the most common method, followed by smoking and vaping.

Common inhalation methods include joints, vape pens, pipes, and bongs. If hand dexterity is a challenge, you can buy pre-rolled joints ('pre-rolls') or cones to fill with ground cannabis. Spliffs and blunts are similar to joints but also contain tobacco. Vape pens are usually rechargeable and vaporize oil in a cartridge ('cart') or you can pack flower into a dry herb vape.

Edibles come in all shapes and sizes: gummies, chocolate, beverages, baked goods, tinctures, and more. In Canada, the total THC content in an edible package can't exceed 10 mg, which is plenty for some and barely enough for others. Edibles take longer to kick in, but some companies make "fast-acting" versions by pre-metabolizing the cannabis, so your body absorbs it more quickly.

There are different risks and benefits associated with both ingesting and inhaling, so let's break some of them down in the tables on the next page.

Inhaled

Benefits	Risks
<ul style="list-style-type: none"> Effects can be felt within minutes of inhaling, easier to adjust dosing in real time Ability to take more puffs or stop taking puffs to alter the 'high' Easier to mix different types of cannabinoids when inhaling 	<ul style="list-style-type: none"> Lung and throat irritation Increases heart rate and blood pressure Effects do not last as long so more frequent dosing is needed Prolonged use of concentrates (dab pen, dab rig, resin) can lead to permanent alterations to THC tolerance

Ingested

Benefits	Risks
<ul style="list-style-type: none"> Effects last longer Various forms exist (gummies, pills, chocolates, and baked goods) which may be helpful for those with compromised lung function or when wanting to be discreet The most precise dosing available No lung irritation, avoids the risks associated with inhaling smoke/vapour 	<ul style="list-style-type: none"> Takes longer to feel effects (2-4 hours from ingestion) Potential for stronger psychoactive effects Those with a higher tolerance may need an extremely high dose Trying edible cannabis for the first time when trying to manage pain can be difficult with dosing and timing of ingestion and the onset of pain

Conclusion on Cannabis

Research on cannabis and SCI is still new. The studies that exist are small and based on self-report, which does not prove that cannabis is effective for pain or spasticity. High-quality research with large numbers of participants is still needed.

So, will cannabis work for you? The best answer we can provide with the current research available is that we don't know, it might and it might not. Read on to hear from peers about their experiences with cannabis.

Russ' Story: Sleeping Soundly

Russ Dolton never thought he'd use cannabis. Growing up as a national-level rower, stories of clogged lungs kept him away. "I don't like to have anything control me other than my obsessive work ethic," he says.

10 years ago, a cycling accident in Port Coquitlam left him with an SCI. His late wife was a huge support, and together they made sure the injury didn't affect their relationship.

Like many readers of *The Spin*, Dolton struggles with neuropathic pain and spasms that wrecked his sleep. "I was sleeping and waking up after three or four hours. I couldn't get a consistent night's sleep," he says. He tried everything from meds to meditation. When cannabis was legalized in 2018, he figured, "I've got nothing to lose, so why not?"

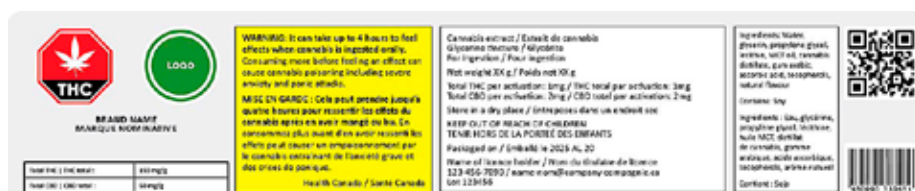
When he broached the topic of cannabis, his "strict, old school" doctor said no and prescribed more pills. Since then, a younger, more open physiatrist reassured him, "I'm not a pot advocate but do whatever works for you."

Some friends were initially skeptical and, "thought that I was going to the dark side, which was kind of comical," Dolton says, but overall, "I find that people are accepting." For those who don't agree, he adds, "That's your problem, not mine. I really don't care

The Negative Side Effects

Like any substance, cannabis comes with risks. Side effects can include paranoia, feeling less 'in control' of your body, nausea, dry mouth, drowsiness or dizziness, altered taste, increased anxiety, lack of motivation, and potential interactions with medications.

Long-term use may lead to tolerance, dependence, and symptoms of withdrawal when discontinued. And for anyone with impaired autonomic, cardiovascular, or respiratory function, regular monitoring for any changes is crucial.



Cannabis flower and extract packaging



Ross Dolton

what you think, this is what helps me. You don't have my issues, so you don't understand."

Dolton is mindful of his use, especially with "addictive personalities" in his family. While Gabapentin and Baclofen help during the day, it's nighttime when pain hits and cannabis provides relief. "When I'm being distracted [during the day], I really don't notice. At night when I'm winding down, that's when I notice the twitching and the jumping impact my life," he explains. "Having that vape at night helped to give me at least six to eight hours of sleep, which was a blessing because I was waking up tired all the time. I've got sleep apnea as well as a result of my SCI. The vape helped me pass me through that section of waking up all the time and give me a consistent night's sleep."

It took some trial and error to find what works. Edibles didn't suit him. "The delay on those was just incredible! I took one, then another. Well, this is not even working. So I took three! The next day I woke up and I didn't hear my alarm. I was in la la land and kind of dopey," Dolton says. "I can't control the residual effects of the gummies. I prefer something that acts quickly so I

can moderate it, rather than waiting for the aftereffects."

Rolling joints was a "ridiculous endeavor" for Dolton. "Bouncing and falling on the floor. It was making me more irritated trying to do it," he laughs. Now he uses leftover flower in a pipe but mostly relies on a vape pen. He doesn't like smoke clogging his lungs, and a couple of puffs from the pen each night is all he needs to get a restful sleep.

Dolton also acknowledges the realities of living with a disability on a limited income. When he does smoke, he does so on the porch of his BC Housing rental. "I don't smoke a lot, so there's not a lot of residual pot smell," he says. When it comes to buying cannabis, Dolton says the cost is worth it for the relief it provides. He explains, "I can't afford to go spending a lot of money. I've got certain amount of disposable income like \$300, \$400 a month that I can play with. It's been somewhat of a barrier, but it's not a lot. I spend \$50 to get a cart for my THC pen. I just bought one three weeks ago. I've still got it and it looks like there's a lot in it. It's probably going to last me a month, maybe two. I can live with that."

Dolton is happy to share his experience with fellow peers struggling with pain or insomnia. He shares, "One guy said he was always afraid to try it because you don't know where you're getting advice from. I mentioned I don't hit it hard and it's just from a therapeutic point of view... I have introduced a couple of my friends, and they said it's the best thing that ever happened to them."

Today, Dolton is sleeping well and active in the disability community. He regularly attends SCI BC events and is part of the advocacy group Equal Access Collective.

Christopher's Story: Cannabis Business

Christopher Bryan knows cannabis—it's literally his business. "I had my medical

grow license for 16 years and now I have opened The Green Den, a retail cannabis store in Scotch Creek," he explains.

A freehand climbing accident as a young adult left Bryan with an incomplete L3/L4 injury. He shares, "I have kind of exceptional levels of pain because of how low my level of injury is. It's been a really long journey for me to try and find stuff to help relieve pain. I've seen 18 different pain specialists over the last 21 years. I use both traditional means of pain management with cannabis as a little extra."

Getting there wasn't easy. When Bryan first applied for a medical grow license in the early 2000s, a fill-in doctor accused him of being a "drug seeker." The irony? "The doctor prescribed me a whole bunch of oxy. So, you'll give me medical heroin, but you won't give me medical cannabis?" His regular doctor later approved the license, and with help from friends, Bryan started growing.

His parents, both in the medical field, were supportive. "They're very open to the actual medical benefits [of cannabis]. They don't really have that old school mentality," says Bryan. He's even helped his dad find products for shoulder pain.

Bryan stopped growing about eight years ago, once more products became available on the grey market (i.e., retail stores open before legalization). "It wasn't worth the extra effort of growing," he says. These days, he prefers tincture oils and creams and rarely smokes. "I used to be a lot more recreational [with cannabis], but I stopped smoking and drinking and just trying to live healthier and cleaner. Putting anything in your lungs is not good for your lungs. That was my only concern with long-term use."

Medications such as Gabapentin and Lyrica came with unwanted side effects, Bryan recalls. "I've been able to eliminate a lot of traditional medication for different types of cannabis products."

CBD and CBG work best for Bryan's pain. He adjusts his dose depending



on his pain level. “If I’m having a bad day of pain, I’ll take like 100 mg of CBD, probably three or four times throughout the day. And I’ll also take usually about 50 mg of CBG in the same intervals. That usually helps with the inflammation that’s causing my pain. And I’ll put cream on my back a couple times a day if my pain is really bad.”

At The Green Den, Bryan’s lived experience with pain makes him a trusted guide. Shoppers come in looking for relief, and they listen when he shares what’s worked for him. “I’ve been consistently getting people for sleep and just directing them the right direction that they need to go has been rewarding in itself,” he says. He also ensures his team is just as knowledgeable, keeping them trained on cannabinoids, terpenes, and new research.

Still, Bryan says the cannabis industry has room to grow. “It’ll take another five or ten years before the industry is really where we all want to see it at.” Testing standards, in particular, need attention. “Right now [companies] can get all their weed tested from like 15 different facilities with different results from each one. They shop around for whatever testing facility is going to give them the best numbers. They need to be more regulated,” referring to the cannabinoid concentrations listed on packaging.

But overall, he’s seen big improvements since legalization. He explains, “At first, they were just hiring anyone that could grow plants, but they didn’t

hire people that knew how to grow cannabis. It took them a while to realize that to get quality products, they need people that know how to grow cannabis. A lot of them started hiring legacy growers and have their own research teams.”

“The quality of products has gone up so much even in the five years that my store has been open. When we first opened, I had to be very careful on what I was ordering because some of the companies were so inconsistent with quality. Now, the quality is more consistent,” Bryan says. Some companies are even developing mildew-resistant strains.

So, what advice does Bryan have for peers curious about cannabis? “Think about what you actually want to get out of the product before you start using it, because it’s a whole different product based on what your needs are.” He stresses the importance of getting information from multiple sources and making sure it matches up.

Bryan adds, “Start slow. Don’t try to get super high the first time. Start with lower THC stuff or even like the THC + CBD combinations, because it’s a more relaxing experience and easier to ease into... Now CBC and THCV are starting to become more popular, which is really good to see because I find those to be the most beneficial for neurological disorders. I’m glad to see more products coming out with those minor cannabinoids.”

Michelle’s Story: Finding Peace

“In general, I play pretty fast and loose with cannabis,” says Michelle Kam. She lives with quadriplegia caused by multiple sclerosis (MS); she now uses a power chair full-time. For Kam, the line between therapeutic and recreational use of cannabis is blurry. “That’s how dealing with the MS has gone. I’ve had days where I didn’t get to smoke weed and I lived, but that is not how I would like to live. I prefer to start my day with a smoke, because then

you’re good and high and everything else goes nicely.”

Kam started smoking cannabis with a partner, but when the relationship ended, she faced a new challenge. She explains, “I didn’t know that many people that smoked weed. Because of being quadriplegic, I need help smoking weed. I started lining up people to smoke with.”

Like some peers, Kam is much younger than most residents at her long-term care home. Earlier this year, she transferred to a new residence in Kelowna, and the change has been a game-changer. “I had come from place where cannabis was so against the rules. They thought everything I brought into my room was an edible. I was policed for everything. Now I’m at a place where it’s no problem,” she says. At her previous home she relied heavily on others. Now, she has her distillate pen within reach, “from the moment I’m up in my chair to the moment I go to bed.”

With that change, her anxiety and her cannabis use has gone down. “I actually smoke way less now... When I lived at the last place and I couldn’t have it all



Michelle Kam

the time, on the drive home I was hitting the distillate like crazy because I knew that it was going away until tomorrow or the next time I had a friend coming." Still, she's mindful of her intake: "I'm always worried about things like tolerance because you don't want to keep chasing that dragon."

Two years ago, after her breakup, Kam says her consumption was heavier. "I was smoking and drinking a lot. I told my doctor I don't see myself quitting pot and alcohol. I can do one... I don't believe in lying to your doctor or your lawyer." Her doctor's advice was blunt: "Pot all the way. You can't OD on smoking pot." Cannabis can cause an unpleasant "green out" but won't stop you from breathing. By contrast, alcohol and opioids in high amounts can depress respiration and cause overdose. The choice was clear, Kam says, "I didn't want to drink that much anymore. I didn't want to be putting those calories into my body."

And the therapeutic benefits of cannabis keep her coming back. "When I smoke a joint the spasms stop. It is so nice to just have about an hour of blissful stillness. When you're constantly moving, you're looking for stillness pretty badly," she explains. Cannabis also helps her body relax for ceiling lift transfers. "The way that my body spasms and shakes and does its thing is not conducive to a great position in the chair," she says. "I do use [cannabis] recreationally, but if it were up to me, that would be what I would use for my pain control for the MS."

She rarely notices side effects, other than dry mouth which she manages with water and mouthwash. Smoking and quadriplegia bring some risk, she explains, "At the beginning of the joint I have no problems holding it straight and not burning myself. However, halfway through I stop paying as close attention to where my fingers are and one time I did burn my myself badly," She adds with a laugh, "My dexterity

is getting better, and I credit a lot of that to pot."

Kam rotates between different forms of cannabis, though smoking is her favourite. She shares, "I am very blessed in that my mom grows for me, my mom rolls for me, and my mom grinds the powder for me." Together, they pick indica strains that ease her spasms and pain. She starts most mornings with an edible powder mixed into pudding. "I used to do yogurt, but yogurt has to be refrigerated, and pudding does not," she explains. She keeps her distillate pen handy on a lanyard around her neck throughout the day.

And when she treats herself at a dispensary, Kam can't resist messing with the budtenders, "I often tell the kid behind the counter I want to go back to full quad when I smoke the joint."

These stories show there's no one path with cannabis. It may all seem hazy at first, but with curiosity and care, cannabis can become a useful part of your toolkit. ■

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Participate in Research

SCI research is about much more than test tubes, stem cells, and a far-off cure.

At ICORD (International Collaboration On Repair Discoveries), SCI research is also about improving bladder, bowel, and cardiovascular health; taming pain and autonomic dysreflexia; enhancing sexual health and fertility; new assistive technologies; wheelchair design and ergonomics; and much more. In other words, it's about maximizing recovery, independence, health, and quality of life. But it doesn't happen without you. That's why SCI BC and ICORD are partnering to help raise awareness and increase participation in world-leading research. Working together, we can make SCI research more meaningful and move it along at a faster pace, and we invite you to be a part of it.

Youth with SCI and Their Experiences with Physical Activity

Overview: In this study, ICORD researcher Dr. Andrea Bundon wants to hear from youth with SCI, and parents of youth with SCI about their experiences of being physically active or supporting their child to be physically active. The aim of this work is to deepen our understanding of disability and physical activity to: inform policy, and support inclusive program and resource development.

What to expect: Participants will be asked to complete a short online survey and then participate in a 'conversational style' interview. This interview portion will last 1-2 hours. Interviews can be completed at ICORD/Blusson Spinal Cord Centre, UBC Point Grey Campus or another public location convenient to you (community centre, library, etc). Interviews can also be conducted over Zoom.

Who can participate: Youth living with SCI must be between the ages of 15-24 years, currently are or previously have participated in physical activity, be at least 1 year post injury, currently living with their parents in the Metro Vancouver area; and be proficient in English. Parent/guardian participants are eligible if they have a child with SCI living with them in the Metro Vancouver area between the aged 15-24; are directly involved in supporting their child's physical activity engagements; and are proficient in English.

Why participate: Much of the existing research on youth with disabilities and their engagement in physical activity focuses on how inactive youth with disabilities are and the many barriers they face to being more active. The goal is to use the stories of participants to advocate for more positive and inclusive opportunities for other youth living with SCI. Participants who complete the study will be eligible for a \$50 gift card of your choice.

Location: The interview portion can be online via Zoom or in-person at the ICORD/Blusson Spinal Cord Centre, UBC Point Grey Campus or another public location convenient to you (community centre, library, etc).

For more information or to sign up: Please contact study coordinator Kailan Tang by email (kailan.tang@ubc.ca) or at (604) 675-8800.

Low Oxygen Therapy as a Cardiac Treatment for Improving 24-Hour Blood Pressure Stability

Overview: This study, led by ICORD researchers Dr. Andrei Krassioukov and Dr. Chris West, aims to characterize the cardiovascular responses to low oxygen therapy in people with complete and incomplete cervical SCI. Low oxygen therapy is the repeated exposure to mildly decreased oxygen and has been shown to have various effects on the body, including improved hand, lung and lower limb function in individuals with spinal cord injury.

What to expect: This study will take place over 7 visits separated over a total span of at least 11 days. The total time commitment is approximately 11.5 hours. The research team will measure your blood pressure, heart rate, and breathing at rest, and assess the health and function of your heart, blood vessels, kidneys, and nervous system during breathing tests and head-up tilt in the first visit. You will be sent home with a blood pressure monitor to track changes in your blood pressure throughout the rest of the day and the following night, and a sleep monitoring device to wear that night to determine if you experience episodes of low oxygen during sleep. The following visits will begin the low oxygen therapy intervention.

Who can participate: You may be eligible to participate in this study if you are 19-65 years old; have sustained a traumatic cervical SCI (at or above T1 level) at least 12 months prior to the testing date; and are proficient in English.

Why participate: In this study, we will test whether breathing low oxygen for a short period of time improves the function of the heart, blood vessels, kidneys, and brain. Participants will be paid \$500 for completing this study.

Location: This study will take place at ICORD/Blusson Spinal Cord Centre (818 West 10th Avenue, Vancouver), and the UBC Okanagan Campus (1238 Discovery Ave, Kelowna BC).

For more information or to sign up: Please contact study coordinator Scott Thrall by email (sthrall@student.ubc.ca) or at (250) 807-8083.



Learn more about what makes ICORD one of the biggest and best SCI research centres in the world, and the research they are doing, by visiting icord.org/research/participate-in-a-study.

Catheters For Free BC

SCI BC member Andy Caswell started the Catheters For Free BC Foundation to urge the provincial government to fund single-use hydrophilic catheters—and he needs your help.

When Andy Caswell pictured retirement, he imagined slowing down, travelling, and spending time with family. Instead, he found himself paying thousands of dollars—just to pee. Not the kind of “golden years” he had in mind.

Four years ago, while camping with his family near Merritt, emergency surgery revealed spinal stenosis in his lumbar spine. After three weeks at GF Strong, Caswell returned to North Vancouver and eventually reached the point where he could walk unassisted. But nerve damage below his spinal cord (cauda equina syndrome) left him with a neurogenic bladder. Like 90% of people with an SCI, his brain can't tell his bladder when to empty. The only solution: catheters.

At first, Caswell's workplace plan covered 80% of the cost. But once he retired, the bills landed squarely on him. “I remember seeing my first bill going, ‘Oh my God,’” he recalls.

Caswell's story is far from unique. In BC, an estimated 26,000 people require catheters, whether due to SCI, spina bifida, multiple sclerosis, prostate cancer, or other conditions. Experts recommend six to eight single-use, hydrophilic (lubricated/coated) catheters per day to protect urinary health. With catheters costing \$2–\$15 each, few can afford enough without coverage. Caswell spends up to \$4,000 a year, while others face bills of over \$10,000. He states, “This isn't a choice or a convenience. It's a matter of survival.”

So, what happens when you can't afford catheters? You're forced to reuse them.

Even when cleaned carefully, used catheters carry bacteria, raising the

risk of urinary tract infections (UTIs) and kidney problems. Treating UTIs often requires antibiotics, ER visits, or hospital stays—costs that far exceed simply supplying catheters.

Caswell also stresses the mental health impact. Financial strain, anxiety, and isolation all chip away at quality of life. “The injury itself is mentally difficult on its own, let alone having to worry about all these new added costs,” he says. “Early on, I felt trapped. It felt like I'd have to leave events early or stay home entirely. Eventually, I discovered discreet products, but they're expensive. Having access to them gave me freedom.”

One evening, while venting to his wife, she said, “Well, instead of complaining about it to me, why don't you do something about it?” That conversation became the spark for Catheters For Free BC.

“Our purpose is to ensure that every British Columbian can pee for free. We're calling on the BC government to recognize what the Canadian Urological Association, the Urology Nurses of Canada, Canadian Nurse Continence Advisors, and Nurses Specialized in Wound, Ostomy and Continence Canada all agree on: that single-use hydrophilic catheters are the gold standard of care,” says Caswell. “Our goal is to legislate financial support in BC, so these essential medical devices are publicly funded for everyone.”

Last year, Caswell hosted online peer discussions through SCI BC. Out of the conversations grew a small group of peers who helped secure seed funding and launch the Catheters For Free BC Foundation as a registered non-profit in April 2025.



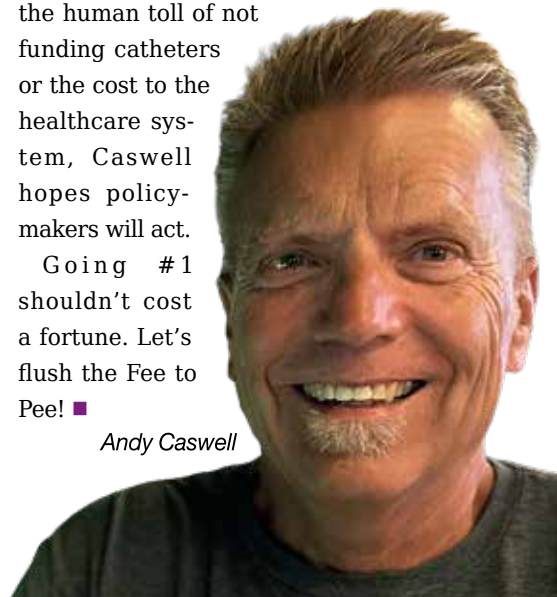
Caswell knows the power of peers. At his very first SCI BC Peer Meetup, catheters were the number one thing he wanted to talk about. “I felt talking to peers that are living it was better than trying to look up information. To hear from people, I know exactly what you're going through and this is what works for me.”

Now, Caswell is turning to peers again for support. You can sign the petition at CathetersForFreebc.ca; follow them on Facebook, Instagram, or LinkedIn; and share your story with stories@cathetersforfreebc.ca. He says, “[Stories] makes the issue real and helps the able-bodied public understand what people with disabilities are going through. Many people don't realize most of us with SCI can't urinate on our own. That realization could generate a lot of support.”

Volunteers can join the executive committee or meet your MLA with Caswell to show them that the Fee to Pee is an issue in your community. These meetings are the next step after Caswell submitted a formal report to the Minister of Health in September. Whether it's the human toll of not funding catheters or the cost to the healthcare system, Caswell hopes policy-makers will act.

Going #1 shouldn't cost a fortune. Let's flush the Fee to Pee! ■

Andy Caswell





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