

### The bottom line . . .

Treatment breaks, long or short, raise complex issues: you need to discuss these with your doctor.

Any treatment break carries the risk of developing resistance to your current drugs. You can minimise though not eradicate this by:

- stopping the drugs which stay longer in your blood first: ask your doctor to advise you on how to do this;
- aim to stop all your drugs in this staged way: it's a real risk for resistance to be taking just one or two drugs from your combination;
- make sure that you're comfortable with your viral load levels and T-cell count before you stop;

You shouldn't change combinations when re-starting unless there's a good reason: talk about this with your doctor.

If you don't want to re-start, or want to take a longer break, talk with your doctor about how to best manage this.

### Just can't stop partying?

If you are missing doses of your HIV drugs regularly because of your recreational drug use, it could lead to your anti-HIV drugs failing.

Many drugs can be addictive, and if you use them often enough, it may not take long to develop a habit, or become dependant on a drug. It is important to try to maintain some perspective about the amount of drugs you use and how often you use and to try to stay in control of your use.

If you're feeling like your drug use is getting too regular or out of control, and you're having trouble trying to control it yourself, there are services around that can help. See the Contacts section at the back of this leaflet.

### Looking after your friends:

If you think that a friend of yours has a harmful habit, or is using drugs in a dangerous way, don't be shy about talking to them about this. Be supportive and encouraging, and if they can't reduce their use with your support alone, talk to them about getting professional help.

There are drug support services in your area that can give you advice about how to approach and talk to a friend about their drug use, and could assist your friend with getting things back under control. See the Contacts section at the back of this leaflet.

Read the fact sheet called Dangerous Liaisons for information on potential risks involved in taking HIV treatments with recreational (and some prescription) drugs.

**Credits:** This fact sheet is based upon a resource originally produced in 1998 by AFAO/NAPWA in conjunction with the AIDS Council of NSW.

### Contacts and who you can talk to...

Most people find it easier to keep taking their drugs when they can talk about them with other HIV positive people, their doctor, pharmacist, counsellor and friends. Some people choose to join a support group where they can share their experiences and learn from others. You can get information confidentially about different groups by calling your local AIDS Council.

For more information call the treatments officer at your local AIDS council. You may also want to talk to the PLWHA group, User group, or drug support/information service in your state.

For information about the effects of recreational drugs, go to [www.ceida.net.au](http://www.ceida.net.au) or call the Health Department in your State or Territory

### Further info...

For further information please contact the AIDS Council PLWA group in your state

AIDS Council of NSW 02 9206 2000

PLWHA (NSW) 02 9361 6011

Victorian AIDS Council 03 9865 6700

PLWHA (Vic) 03 9865 6772

Queensland AIDS Council 07 3017 1777

QPP 07 3844 1990

AIDS Council of South Australia 08 8362 1611

PLWHA(SA) 08 8293 3700

WA AIDS Council 08 9482 0000

TASCHARD 03 6234 1242

AACACT 02 6257 2855

NT AIDS Council 08 8941 1711

The AFAO parties website  
[www.afao.org.au/parties](http://www.afao.org.au/parties)  
also contains further information



AFAO/NAPWA do not recommend that PLWHAs change any HIV treatments without becoming fully informed of the risks and benefits of any changes.  
AFAO/NAPWA do not endorse the use of illegal drugs or the illicit use of prescription drugs. However, as some people in our community choose to use such drugs, this information is brought to you in the interests of health maintenance. This information is the most accurate at the time of publication.

*you may be ready to*

*party, but your*

*drugs still have*

*to work*

**If you're considering taking a temporary break from HIV drugs because you're planning to party, here's some things to think about first ...**

## What's this leaflet for?

Dance party weekends and other times when you are partying hard might be times when you're thinking about taking a short break from your HIV treatments. Longer breaks from drugs might be taken for a range of reasons, including travel, side effects, or pill fatigue.

The purpose of this leaflet is to provide information that will be useful if you plan to take a short break (eg. a few days or a week) from your HIV drugs because you have a special event on, like a dance party. It doesn't go into detail about other kinds of treatments breaks, or the question of whether you want to stop taking your pills for a longer period: longer breaks raise a different series of issues and questions, and need to be considered separately.

This Fact Sheet attempts to answer some of the most frequently asked questions about these sorts of short breaks from treatment. But remember: it's a complex area and there is still a lot we don't know or can't say for sure. So the topics covered here are really just some things for you to think about to help you make this decision, or to do it as safely as possible. It is best to discuss decisions about any treatment break with your doctor; this leaflet will give you some idea about the general issues involved.

## What happens if I stop taking my drugs for a short time?

If they are working (i.e. if your viral load is stable and controlled), your HIV drugs are stopping the virus from replicating in your bloodstream, and damaging your T-cells (CD4 cells) and immune system. As soon as you stop taking these drugs, even for a short period of time, the virus has the opportunity to start making copies of itself (replicating), and your viral load will begin to rise.

Actually, this can happen quite suddenly. However, sudden, short-term rises in viral load aren't necessarily a sign of imminent disaster, and very often, as soon as you start taking drugs again, your viral load can be quickly brought under control — although this cannot be guaranteed. There is always a risk that the viral load may not decrease to the levels that were present before stopping the anti-HIV medications. This is why stopping your drugs is generally not recommended.

There is a real risk with short breaks — and any breaks — from HIV treatments. This is the risk of resistance, and it's the main reason why you need to think very carefully about the implications of stopping your treatments: if you develop resistance to your HIV drugs, you could be in danger of losing extra treatment options against HIV in the future.

## What's resistance?

Resistance means that a drug or drugs you are taking are no longer working against the virus. It can happen because HIV, when it multiplies, can undergo small genetic changes each time it makes a copy of itself. Sometimes, these genetic changes mean that the antiviral treatments which are meant to prevent HIV from replicating are no longer effective: the virus is able to multiply in spite of the treatments. This can mean sometimes that one drug, and in some cases, whole classes of drugs, won't be effective against HIV.

It is ideal that all the drugs in your combination continue to work to stop HIV replicating. However, an added advantage of using anti-HIV drugs in combination is that if one drug isn't working against HIV, the other drugs, which work in a different way, are still keeping it under control.

Resistance is often recognised when viral load begins to quickly rise even when you are taking anti-HIV drugs.

## How can treatments breaks add to the risk of resistance?

When you stop taking anti-HIV drugs, the virus has the opportunity to multiply. When it has the chance to multiply, it has the chance to undergo the small genetic changes that might ultimately make it resistant to a drug or drugs.

But it's not quite as simple as that, either. HIV drugs need to be in your blood at a certain level in order to be working at maximum effect against HIV. This level is called a therapeutic level. It's in order to maintain this level that the pills are dosed and taken in a certain way. But sometimes, the drug can go below that level. This is called a sub-optimal or sub-therapeutic drug level. Sub-optimal levels of drugs are a real problem, because HIV can start to multiply faster in spite of the drug. The presence of the drug at a low level encourages the growth of virus which is most able to grow in spite of the drug. In other words, low levels of a drug encourage the growth of virus which is resistant to treatment with that drug.

Your body may have low levels of a drug for a number of reasons. One of the main reasons is that when you stop taking a drug, it doesn't just vanish out of your bloodstream all at once - the amount of drug in your blood drops gradually. This may take a few hours or a couple of days, depending on the drug. Some drugs disappear in a relatively short time.

But some drugs take longer to get out of your blood than others. This is a really important concept, because it affects how you should plan for a short treatments break. Talk to your doctor about which drugs will take longer to go out of your blood, because these are the drugs you should stop taking first: perhaps a day or two before you stop the others. Stopping your drugs in this staged way means that, as the levels of one drug are dropping to sub-optimal levels, and resistant virus can start to grow, you are still taking other drugs which can kill that resistant virus and prevent it from growing out of control and taking over. When you stop taking the last of the drugs, they will disappear quickly, minimising the amount of time HIV is able to develop resistance.

## TALK TO YOUR DOCTOR ABOUT WHICH DRUGS YOU SHOULD STOP TAKING FIRST AND WHEN

### Do I need to stop taking all my drugs?

Yes, although as discussed above, you may need to do it in a staged way after talking with your doctor. Not following the recommended dosing schedule at any time (sub-optimal usage) for HIV anti-viral drugs used in combination can lead to the development of resistance. If you stop taking just some drugs in a combination, the virus may have the chance to become resistant to other drugs in your combination. This is because you would have fewer kinds of drugs working against the virus in fewer ways. If the virus were to start multiplying faster, there would be fewer drugs to stop it.

### How should I re-start treatment after a break?

Don't start your drugs again until you feel like you're ready for what it involves. If you start again but miss doses over the following days while you're recovering from the party, you will not maintain sufficient levels of drugs in your body to keep the virus suppressed. This is the sort of situation that allows HIV a chance to multiply and develop resistance to your drugs.

### What if I want to take a longer, planned break?

Some of the concepts here about short breaks are also relevant to longer, planned breaks (eg. a few weeks, a few months). However, longer breaks also involve a really complex set of issues beyond those discussed here. Talk with your doctor about these, so that you are informed and comfortable with any decision.

### If I stop treatment, should I change to a new combination when I start again?

Changing treatments can be an important decision: you need to discuss this with your doctor. Just because you have taken a break doesn't mean you should change your combination.

If you are often taking short breaks from your drugs, or missing a lot of doses because you find the combination difficult, talk to your doctor about changing to a drug combination that is easier to fit into your lifestyle and routine.