

Substitution therapy has shown to be a very effective treatment strategy to reduce overdose related deaths and reducing the spread of HIV and Hepatitis C. It would be fair to say that substitution treatment is necessary and the most important part in the treatment process in opioid addiction also illustrated by the fact that it has become widely used. It is proven to be more effective than medication assisted detoxification and abrupt withdrawal treatment in reducing heroin use. The psychosocial benefits regarding employment, family relations and crime are evident. Methadone and buprenorphine are of different pharmacological natures and have different effects on the patient. It is generally claimed that buprenorphine has less of a euphoric effect, even though an increase in abuse has been reported in several countries. Buprenorphine is a safer drug than methadone due to its dosing ceiling effect, which virtually eliminates the danger over overdose. Both drugs show similar effect in terms of retention rates when given in high doses. Overall very little evidence so far exists that sustaining long-term abstinence after buprenorphine maintenance is any more likely than after methadone maintenance. It is likely to see substitution therapy programs being implemented on larger scale world wide as the foremost treatment alternative to opioid addiction whether it be with methadone, buprenorphine or other alternative medicaments.