Outrates.2 In a multiethnic area of south London, reluctance and low awareness may lead to informal interactions between substance use and substance use disorder. McNeely and Saizt1 are correct that the field of drug use and screening would benefit from clarity in terminology. However, in practice, it can be very challenging to distinguish between substance use and a substance use disorder.

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Organ Donation and New Policies: Do We Need to Act Less Generally and More Locally? To the Editor We read with particular interest the study by Chatterjee et al3 reporting the limited effect of a variety of state policies on organ donations and transplantations in the United States. Interestingly, policies such as first person consent laws, donor registries, public education programs, paid leaves, and tax incentives presented no significant association with either donation rates or number of transplants during the last 2 decades.2 Establishment of a state-based revenue pool was the only policy that has been associated with an increase in the absolute number of transplants, specifically among deceased donors. This fact, therefore, underlines the need for new policies to increase donation rates.1

In Greece, legislative changes involving a shift toward a “soft” opt-out system were effective as of June 2013. In the year of transition, a survey of primary care patients reported that very few were aware of the organ donation legislation change, and more than 20% of respondents intended to prohibit the removal of their organs upon death.2 Lack of focused information and low awareness may lead to informal interactions in closely knit communities, possibly resulting to greater opt-out rates.2 In a multiethnic area of south London, reluctance among some groups to donate outside their narrow community may also increase the gap between the need for organs and their availability.3 Furthermore, it has been hypothesized that sociocultural features of communities may greatly influence perceptions of organ donation enhancing diversity.4 For these reasons we agree with Chatterjee et al3 that allowing funds to support activities that respond to the local context may be more effective than systemic changes.

There are some anecdotal data from Greece suggesting that emotions shapes beliefs and attitudes toward organ donation. Similarly, a study in the United States5 demonstrated that cognitive-based factors (ie, knowledge about donation) are less influential on the decision to donate than noncognitive variables (ie, the desire to maintain bodily integrity and/or medical mistrust). Policies and practices that are purely rational do not entertain these emotion-based components and, thus, lead to the decision by individuals or families to donate. This suggests that campaigns should be totally and locally redesigned with funding autonomy to take into consideration the emotional affects and human complexities that underpin decisions and practices.

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To the Editor Chatterjee et al3 report that tax incentives for organ donation have no significant effect on living or deceased donations. We find, to the contrary, that tax incentives are associated with a statistically and economically significant increase in donations in New York, although our method does not allow us to obtain reliable results in other states.2

The principal reason for the differing outcomes is methodological. Chatterjee et al3 rely on a difference-in-differences (DiD) method, a statistical technique that mimics research using observational study data. In contrast, we use the synthetic control method developed by Abadie et al,4 which is robust to heterogeneous and nonlinear state trends.

Difference-in-differences methods are less likely to produce reliable results in the context of organ donation because...