**Objectives**
To study the direct costs of drug-related morbidity using three sources of data: experts opinion, medical records and survey responses from the general public.

**Methods**
Probabilities for clinical outcomes of drug-related morbidity were estimated based on expert opinions from 29 pharmacists and 19 physicians.
Costs were assigned using Cost Per Patient register data to resource-use from drug-related morbidity identified in the medical records of 4970 randomly selected individuals from a Swedish county during a three-month study period.
A postal survey was sent to a random sample of the Swedish population. Resource-use resulting from drug-related morbidity reported during one month by 7099 survey respondents, and by the expert panels, were assigned unit costs based on national costs statistics.
All cost estimates were prevalence-based.

**Results**
The expert panels reported drug-related morbidity to be common, and to cause considerable healthcare resource use representing up to 20% of all costs to the healthcare system.
Drug-related morbidity identified in medical records were estimated to cause 1.5% of all drug costs and 9.5% of healthcare costs, and costs occurred in all parts of the healthcare system.
According to survey responses, two types of drug-related morbidity - adverse drug reactions and sub-therapeutic effect of medication therapy - caused 0.5% of all drug costs and 6.1% of all healthcare costs. In addition, respondents reported informal care, lost leisure time, and sick-leave resulting from drug-related morbidity which were unfeasible to assign costs in these studies.

**Conclusions**
Based on these results, drug-related morbidity causes considerable resource use and harm in the general public, and throughout the healthcare system; in primary care, other outpatient care and inpatient care.
Moreover, it appears that there are additional resource use due to drug-related morbidity, such as productivity loss, which should be included for a full account of the economic impact of drug-related morbidity.

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