



# Methods for “Trends in the availability and types of drugs sold on the internet via cryptomarkets, October 2024 - September 2025”

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## 1. General Note

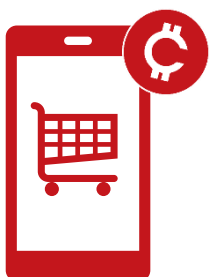
Data presented in the [public online interactive visualisation](#) and reported in [bulletins](#) are obtained from the regular scraping, collation, and analysis of drug listings on cryptomarkets, conducted as part of the [Drugs and New Technologies \(DNeT\)](#) project. The DNeT project has been running since 2012 and forms part of [Drug Trends](#), an illicit drug monitoring system in Australia.

The primary aim of cryptomarket monitoring within Drug Trends is to understand trends in the online availability of psychoactive substances on cryptomarkets, also known as darknet markets. Specifically, we focus on listings advertising the sale of illicit drugs (e.g., heroin), key licit drugs (e.g., alcohol, tobacco, e-cigarettes) and pharmaceutical medicines, as well as drug-related paraphernalia (e.g., needles and syringes, reagent test kits).

In this Methods document, we outline the background to this program of work and the methods underpinning data presented. There are various approaches to collecting, collating, categorising and analysing cryptomarket data, and inherent challenges in these processes. There are also limitations and constraints on the appropriate interpretation of these data (see below for further detail). For this reason, we have attempted to be as transparent as possible about our procedures.

Our analysis of cryptomarket listings is an ongoing process, with ongoing refinements to the categorisation and monitoring process. Data may not be comparable from one output to the next as we implement improvements. We welcome feedback and suggestions so that we can continue to improve utility of these data and our reporting on them ([drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)).

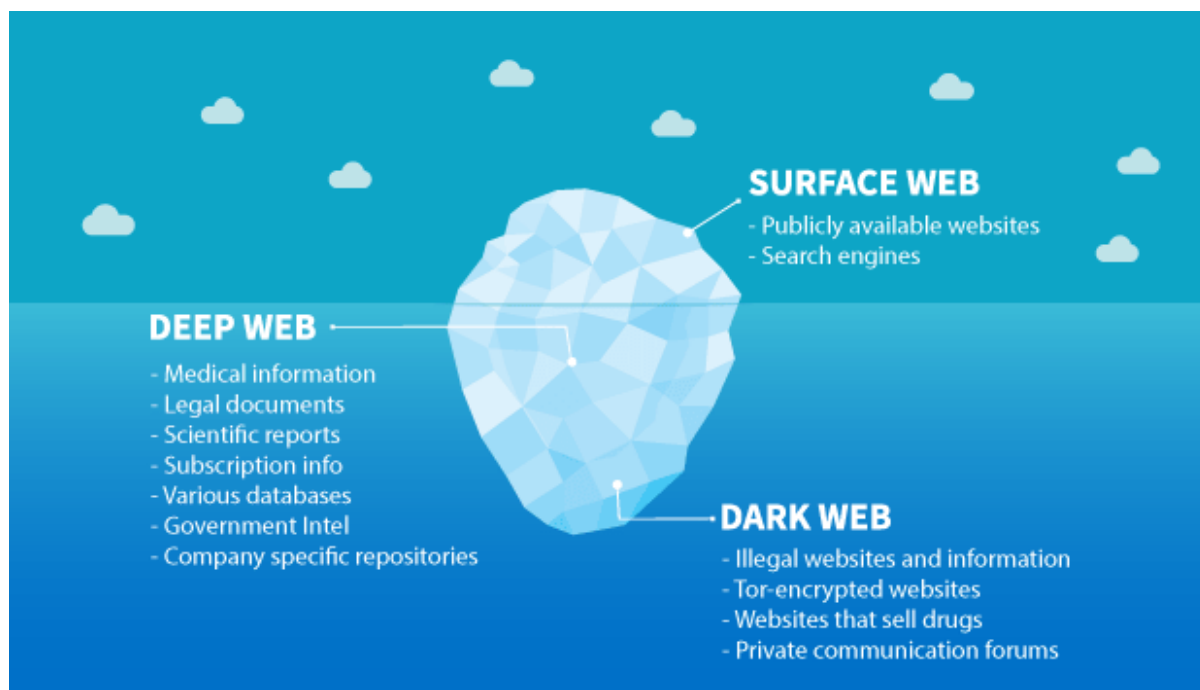
## 2. Definition of ‘cryptomarkets’



[Cryptomarkets](#) (‘darknet markets’) are online marketplaces that facilitate the purchasing of illicit goods and services via multiple sellers, and provide participants with anonymity via its location on the hidden web. Content available on the internet can be divided into the surface web (content accessible via search engines) and deep web (content inaccessible via search engines, including paywalled websites, private websites, company or academic databases).

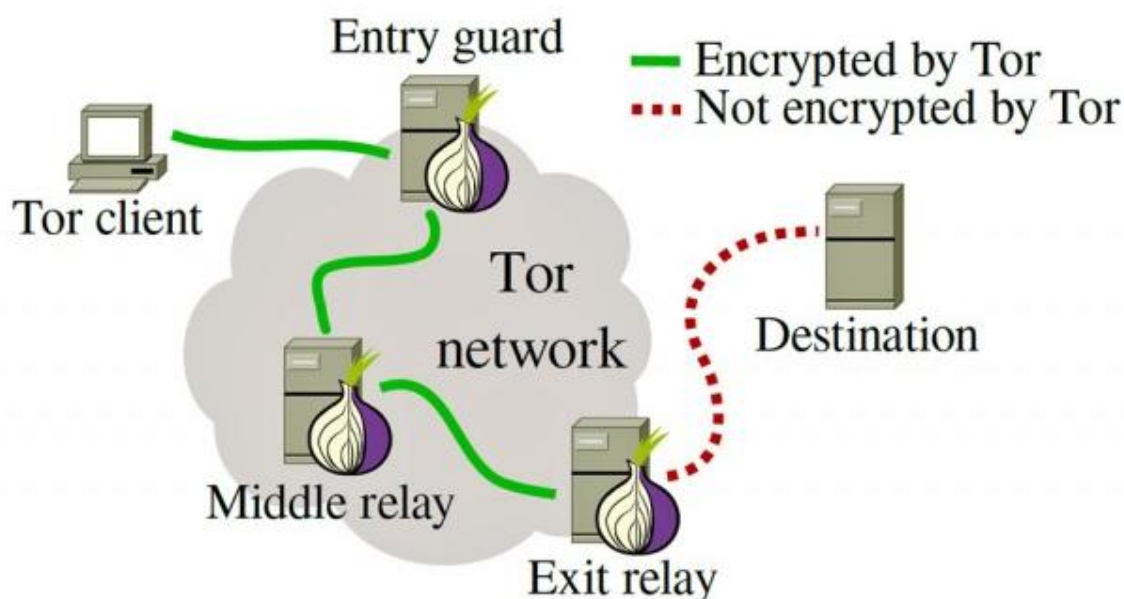
Cryptomarkets are located on a part of the deep web called the 'hidden web' (or 'dark web'): a part of the internet that is accessible only through hidden internet networks such as **Tor Network ('The Onion Router')** (see **Figure 1**).

**Figure 1. Description of the content available on the internet. For further information, see [Barratt and Aldridge \(2016\)](#). Image: <https://vpnoverview.com>**



Tor is an open source network that re-routes an internet user's IP address through various encrypted nodes (see **Figure 2**). This process ensures concealment of the location of operating servers and provides a level of anonymity for both buyers and sellers.

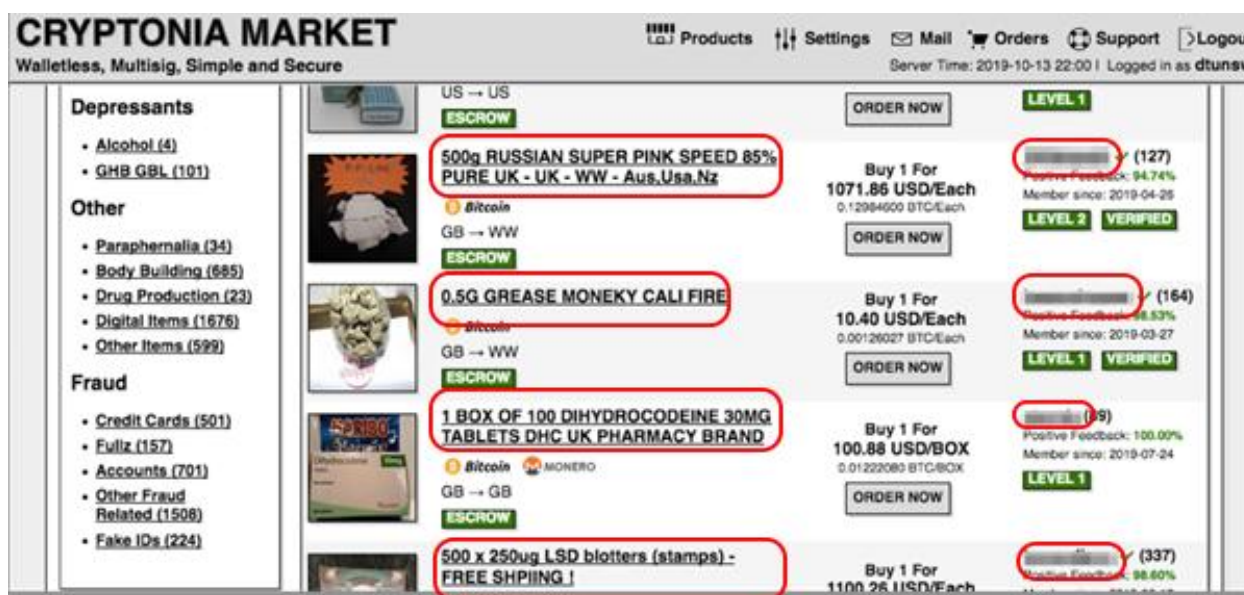
**Figure 2. Tor network structure. Image: [The Conversation](#)**



Anonymity is further maximised through monetary transactions made via the exchange of cryptocurrencies such as Bitcoin and Monero. These transactions are facilitated through escrow systems which are controlled by the cryptomarket on which the purchase is made. [Escrow](#) allows a cryptomarket to hold the funds for a transaction until the product is delivered.

Cryptomarket websites are often similar in style to E-commerce websites such as eBay or the Amazon marketplace (see [Figure 3](#) for a picture of the landing page from 'Cryptonia Market' as an example).

**Figure 3. The landing page from 'Cryptonia Market' (2019)**



Trade in illicit drugs via cryptomarkets is highly dynamic, as cryptomarket lifespans have been constantly interrupted for various reasons. Analysis of 89 marketplaces that were operational from 2010 to June 2017 by the [European Monitoring Centre for Drugs and Drug Addiction](#) showed that the main purported reason for market closure was 'exit scamming', where a market site will shut down suddenly, taking the money held in escrows for incomplete orders. Another primary reason was a 'voluntary exit', where a market will close with the mutual consent of those involved, without losses to vendors and buyers. Finally, law enforcement agencies or hackers may decide to target markets and subsequently force their closure.

### 3. Overview of approaches

The DNet project has been examining cryptomarket drug listings since 1st February 2014<sup>1</sup>. Cryptomarket websites often exhibit large volumes of data. In addition, security on these websites has become increasingly complex in response to law enforcement seizures. This has made it increasingly difficult to traverse, extract and collate this information on a timely and accurate basis. To mitigate these issues, we have implemented a range of programmed automated processes that operate with minimal manual input. These automated processes, which are described in detail below, consist of (1) traversing the contents of currently active cryptomarkets; (2) parsing the contents of individual webpages and extracting relevant and usable data in

<sup>1</sup> Prior to 2014, fortnightly monitoring of cryptomarkets, Silk Road, Black Market Reloaded (BMR) and the Sheep Marketplace were conducted. However, due to incomplete data, current methodology could not be applied to this data, and hence these data were excluded from reporting.

relation to the drugs that are listed for sale; (3) classifying these listings into specific drug categories; and (4) data cleaning including deduplication of listings.

It is important to caveat that previous reporting on drug listings on cryptomarkets from DNet in earlier bulletins were based on different approaches to collection, extraction, drug categorisation, data cleaning and reporting. For this reason, reporting may not be comparable over time. These differences will be described in the relevant sections below. As much as is possible, we have applied the automated approaches described in this methods document to the historical data and presented them in our [online visualisation](#).

This methods document is for our bulletin which focuses on cryptomarket data in the period from 1<sup>st</sup> October 2024 to 30<sup>th</sup> September 2025. Data from June 2025 onwards were collected at monthly intervals, and earlier data are presented as twice monthly snapshots of cryptomarket listings, undertaken in the two weeks starting on the 1<sup>st</sup> and the 15<sup>th</sup> of each month (see [section 4.2](#)). For a historical record of the weekly cryptomarkets monitored by DNet, we refer the reader to our [interactive timeline](#) and [this bulletin](#) for the weekly data up until 31<sup>st</sup> May 2022. We have performed deduplication of listings for quantity variants in this bulletin (see [section 5.2.1](#)). For the historical record of the weekly cryptomarket data with quantity variants, please refer to [this interactive timeline](#) and the summary bulletin which report on key findings in the period from 1<sup>st</sup> February 2014 to 31<sup>st</sup> January 2020. In addition, we have improved on the drug categorisation and added new drug terms as part of our process of continuous improvement for data from 1<sup>st</sup> June 2021 onwards (see [section 5.1.1.5](#)).

This project has institutional approval and ethical approval from the University of New South Wales Human Research Ethics Committee (HC220754). Due to anonymised online details, no individual results were gathered and data are published in tabular, aggregate form only.

## 4. Method of collection and extraction of cryptomarket data

### 4.1. Identification of cryptomarkets



Active cryptomarkets and their Tor links are identified through surface-web and/or hidden-web sites such as darkfail.net and tor.taxi. These sites provide regularly updated information regarding the status of sites hosted on the Tor network. Certain internet forums accessible from both the hidden and surface web are also used as sources for cryptomarket developments and active Tor links. In particular, Dread (which started on 16<sup>th</sup> February 2018) is often used as a source of information because it is an active and popular hidden-web forum with a dedicated subDread or forum group for many cryptomarkets. However, Dread had been mostly offline due to persistent DDoS (Distributed Denial-of-service attacks, in which multiple sources are used to generate a large amount of traffic to an online service, thereby overwhelming its servers) since around August 2022 until around March 2023.

Marketplaces are included in monitoring if they:

- Facilitate trade of illicit goods and services via multiple sellers (i.e. >1 vendor on the marketplace);
- Display more than 100 drug listings;
- Are displayed in the English language;
- Vendors ship to and/or from Australia, or ship to and/or from multiple countries; and,

- Have an accessible Tor link for scraping that does not require monetary payment (e.g. some markets require a payment to gain access to a Tor link for scraping<sup>2</sup>).

Ongoing monitoring of smaller markets is undertaken to determine whether they meet the number of listings threshold with market growth over time. In addition, some markets may meet the > 100 drug listing threshold criterion during at least one scrape and thus are included, but experience period(s) of market decline where the number of drug listings is  $\leq 100$ . These markets and their data are still included for regular monitoring.

## 4.2. Crawling of cryptomarkets



In order to regularly access a cryptomarket, a dedicated account is created upon its initial monitoring. Since August 2018, custom web crawling (or scraping) programs have been created independently for each market selected for monitoring (semi-automated web crawling programs were undertaken using different language programs prior to this; see [section 3](#)). These crawling programs are written in Python and implemented with Selenium, an open-source web-based automation tool. These crawling scripts connect to the Tor network and systematically traverse a specified cryptomarket while concurrently storing the raw web content of each page. Upon initial inspection of a new cryptomarket, a human will code the location of the drug categories that need to be parsed. This code then informs the crawlers of the location of the specified drug categories, allowing the crawler to then iterate through the indexed pages of each of those categories. Note, the crawler does not parse individual vendor or listing pages, but only the indexed pages containing advertised listings.

Prior to the implementation of fully automated crawling on 9<sup>th</sup> August 2018, markets were traversed, with raw URLs saved, and data extracted using semi-automated VBA programming processes.

To ensure an automated crawl is complete and exhaustive, numerous checks take place during and after the completion of a crawl. Firstly, the crawler is designed to pause for a pre-defined amount of time until specific elements of a webpage are visible before saving its contents and continuing onto the next webpage. This process ensures that the crawler does not capture an incompletely loaded webpage with missing content.

These time lags which are often randomized also allow the crawler to mimic a human user, and therefore avoid alerting anti-DDoS marketplace mechanisms, which may result in the blocking of our accounts' ability to access and view marketplace content. Secondly, as the webpages of a cryptomarket usually share a formulated layout, the saved contents can be automatically parsed and verified to satisfy certain conditions (e.g., checking every stored webpage contains the expected listed items for sale). Finally, as the crawler saves the web content in a directory that resembles the organisation of the marketplace, the correct number of pages can be easily verified against what is displayed on the marketplace.

For the large majority of markets, crawling is often interrupted by CAPTCHA challenge-response tests that were intended to determine if the cryptomarket users were human. To counteract this, automatic detection mechanisms have been implemented, allowing a human user to be notified of an interruption, and then given sufficient time to solve the CAPTCHA challenge. After successful completion of the CAPTCHA challenge, the crawler resumes the traversal of cryptomarkets.

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<sup>2</sup> For example, access to a Tor link also need to be purchased to access Tor2Door between 1<sup>st</sup> September 2022 and 28<sup>th</sup> February 2023, and we stopped scraping this market during this period.



When a marketplace is inaccessible or only partially accessible, the data are treated as missing. If a cryptomarket can only be partially crawled at a given time point, the collected web content is not entered into the dataset. A marketplace may be down for multiple reasons, including server outages, DDoS, law enforcement seizures, exit scams and hacking attacks. If a marketplace is down at one time point, unless there was reason to believe it would not return (in the case of seizures or exit scams), attempts are made to access it at the next time point. If consecutive attempts to access a cryptomarket fail for several scrapes, we search for evidence of the market's closure (e.g. on Dread, from other hidden web sources, and/or from surface web sites) to confirm it is no longer operational.

Automated crawling is conducted on a regular basis (monitoring is ongoing) on a stand-alone computer, and can take minutes to hours to complete for each market, depending on the size and the operating status of the markets. As instantaneous snapshots of the entire marketplace are not possible with our current methods, an automated crawl is intended to be completed in the shortest possible time, and therefore, act as the best approximation of an observed marketplace at a given time.

Data from June 2025 onwards are collected at monthly intervals, and data from beginning of August 2022 to end of May 2025 were scraped twice monthly in each of the two weeks starting on the 1<sup>st</sup> and the 15<sup>th</sup> of each month. Please note that historical data before 1<sup>st</sup> August 2022 were captured on a weekly basis. The twice monthly snapshots in the current interactive data visualisation were created from these historical data before 1<sup>st</sup> August 2022 (see [section 5.3](#)).

We may have occasional scripting issues that led to the lack of data in certain periods for some markets<sup>3</sup>.

## Extraction of key features from cryptomarket data



A second set of automated scripts were built and implemented in order to parse and extract relevant information from the collected raw data obtained by the web crawlers. Due to differing webpage layouts between cryptomarkets, independent extraction scripts for each market are created using the HTML scraping tool BeautifulSoup and/or Scrapy.

A conscious decision was made to separate these two steps and allow for the extraction process to be undertaken after the completed crawling stage. This separation was justified due to the short time frame a crawler can remain on a webpage and the continuously changing nature of cryptomarket webpage formats.

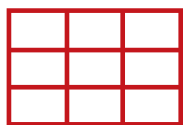


These scripts extract the text within the drug listings displayed on each webpage. The scripts parse the stored webpage and extract the relevant features of each observed listing to a readable table. Features within a listing differ by marketplace as each market varies on what they decide to make visible on the listing page. For example, certain markets will include the product's country of origin and available destination countries, while others may decide to only show limited or no shipping information. Other information such as quantity or a vendor's ratings are present on some markets. Certain features remain common between all markets; these are the features we focus on for extraction and reporting. These include the drug listing title and vendor username. [Figure 3](#) shows an example listing page with the features to be extracted and reported on outlined in red.

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<sup>3</sup> For example, there was a scripting error for Cypher between 1<sup>st</sup> February 2023 and 28<sup>th</sup> May 2023 that led to the lack of data in these four months.

## 5. Method of drug categorisation and data deduplication



In the bulletins published before the year 2020 on the cryptomarket data, drug categorisation was achieved via a dynamic lookup table compiled using previously identified terms and their associated categories. In the current bulletin, drug categorisation on the data from 1<sup>st</sup> February 2020 onwards were improved with the addition of new drug terms for rule-based classification and in the algorithm for the final assignment of listings to drug categories (see [section 5.1.2.3](#)).

In bulletins published from the year 2020 onwards, we have deduplicated identical listings from the same vendor listing in the same market and appearing in the same snapshot as described in [section 5.2](#). In the bulletins published from the year 2022 onwards, we have also additionally deduplicated listings for quantity variants (see [section 5.2.1](#)).

### 5.1. Drug categorisation

#### 5.1.1. Source of drug names and drug categorisation structure



To develop an understanding of what substances are being sold on cryptomarkets, it is necessary to have a consistent framework for labelling drug listings into mutually exclusive categories. Unfortunately, categories imposed by cryptomarkets are often ambiguous or too broad for our purpose (e.g. 'psychedelics'), and categories conflict across marketplaces. Drug listings are also often miscategorised (e.g., cannabis listings categorised as 'stimulants' or non-drug listings appearing in drug-related categories) due to server-side issues (e.g. the server does not process the submitted listing properly and puts it into the wrong category), or vendors listing their products in the wrong category. To ensure consistency across marketplaces, we have assembled a two-tier hierarchy for classifying each recorded drug listing independently. At the first level (Level 1), drug listings are assigned a specific drug name meant to capture the active substance being sold in that listing (noting that there are some exceptions). At the second level (Level 2), drug names at Level 1 are clustered into a smaller set of mutually exclusive broader drug classes (see [Table 1](#)). The exception comprises key illicit drugs of interest (e.g., MDMA, cocaine, cannabis) which are categorised identically at Level 1 and Level 2 (e.g., 'MDMA' is in both Level 1 and Level 2). Note that the product listings included in our bulletin data include drug-related products such as vaping equipment, drug-testing kits or paraphernalia, i.e. they are not exclusively drugs or substances for consumption.

Drug names and drug categorisation structure were developed based on data available from various sources including World Health Organisation for pharmaceutical drugs, NPS information and databases, and knowledge/expertise of co-authors in this methods bulletin (see below for sources of data for particular drug groups and their categorisation).

**Table 1. Drug categorisation structure**

Level 2 drug class	Description (with ATC code <sup>a</sup> if applicable)	Level 1 drug class
<b>Alcohol</b>	-	Alcohol
<b>Benzodiazepines</b>	Benzodiazepines (N03AE, N05BA, N05CD). Note that certain novel benzodiazepines (e.g., etizolam) have been classified as NPS.	E.g., alprazolam, diazepam

	Drug listings with two or more (non-NPS) benzodiazepines identified	Mixed/uncategorised benzodiazepines
<b>Cannabis</b>	All forms of cannabis, i.e. the plant, oil, seeds, candies, etc.	Cannabis
<b>Cocaine</b>	-	Cocaine
<b>DMT</b>	DMT only, excluding plant sources	DMT
<b>E-cigarette</b>	This excludes vaping equipment which is classified as paraphernalia.	E-cigarette
<b>GHB/GBL/1,4-BD</b>	GHB or GBL or 1,4-BD	GHB/GBL/1,4-BD
<b>Hallucinogenic mushroom</b>	-	Hallucinogenic mushroom
<b>Heroin</b>	-	Heroin
<b>Ketamine</b>	-	Ketamine
<b>Inhalants</b>	-	Alkyl nitrites, and nitrous oxide
<b>LSD</b>	-	LSD
<b>MDA</b>	-	MDA
<b>MDMA</b>	-	MDMA
<b>Meth/amphetamine (illicit)</b>	Any illicit amphetamine or methamphetamine (includes speed). This excludes substances identified as pharmaceutical stimulants (see below).	Meth/amphetamine (illicit)
<b>New psychoactive substances (NPS)</b>	New psychoactive substances (e.g., acetylfentanyl and 5-MeO-MiPT). Note that this class includes synthetic cannabinoids, novel benzodiazepines, fentanyl analogues and other emerging substances.	New psychoactive substances
<b>Opioids (excluding heroin)</b>	Pharmaceutical opioids (N02A, N01AH), and opium. Note that certain novel synthetic opioids (e.g., acetylfentanyl) have been classified as NPS.	E.g., oxycodone, tramadol, fentanyl, hydrocodone, codeine, morphine, sufentanil, opium
	Opiate drugs used in replacement therapy (N07BC)	E.g., methadone, buprenorphine
	Drug listings with two or more opioids (excluding heroin and NPS opioids) identified	Mixed/uncategorised opioids
<b>Other psychostimulants and nootropics</b>	Pharmaceutical psychostimulants (N06B)	E.g., dexamphetamine, methylphenidate, modafinil
<b>Paraphernalia</b>	-	Drug checking equipment, injecting equipment, naloxone, vaping equipment, and other paraphernalia
<b>PCP</b>	-	PCP
<b>PIEDs<sup>b</sup>/weight loss drugs</b>	Performance and image enhancing drugs and weight loss products	E.g., anabolic steroids (A14A), androgens (G03B), skin treatment, antiobesity preparations, excl. diet products



	Drug listings with two or more PIEDs/weight loss products identified	Mixed/uncategorised PIEDs/weight loss
<b>Tobacco</b>	-	Tobacco
<b>Other drugs</b>	Precursors	E.g. ephedrine
	Drug listings with multiple drugs identified (e.g., "Cocaine+Heroin") spanning across two or more Level 2 drug categories	Mixed/uncategorised drugs
<b>Other psychotropic medicines<sup>c</sup></b>	Antiepileptics (N03 excluding N03AE which is classified as benzodiazepines)	E.g., pregabalin, gabapentin
	Antipsychotics (N05A)	E.g., quetiapine
	Anxiolytics (N05B excluding N05BA which is classified as benzodiazepines)	E.g. hydroxyzine
	Barbiturates (N05CA)	E.g., pentobarbital, phenobarbital, thiopental
	Hypnotics and sedatives (N05CM)	E.g., methaqualone, scopolamine, clomethiazole
	Antidepressants (N06A)	E.g., sertraline, fluoxetine, mirtazapine, bupropion
	Anti-dementia drugs (N06DX)	E.g. memantine
<b>Other medicines<sup>d</sup></b>	Cardiovascular system drugs (C)	E.g., propranolol
	Antipruritics, incl. antihistamines, anesthetics, etc. (D04)	E.g., promethazine, benzocaine, lidocaine, procaine
	Drugs used in erectile dysfunction (G04BE)	E.g., vardenafil, dapoxetine, tadalafil, sildenafil
	Corticosteroids for systemic use (H02)	E.g. prednisolone
	Antivirals (J05AP), antiparasitic products,	E.g. chloroquine, daclatasvir
	Muscle relaxants (M03)	E.g., carisoprodol, baclofen
	General and local anaesthetics (N01 excluding N01AH which is classified as opioids)	E.g., benzocaine, lidocaine, propofol
	Analgesics and antipyretics (N02B, N02C)	E.g., clonidine
	Drugs used in addictive disorders (N07B excluding N07BC which is classified as opioids)	E.g., disulfiram, naltrexone
	Respiratory system drugs (R)	E.g., promethazine, lidocaine, salbutamol
	Ophthalmological drugs (S01)	E.g., lidocaine, scopolamine

Note: <sup>a</sup> ATC code: Anatomical Therapeutic Chemical code <sup>b</sup> PIEDs: performance and image enhancing drugs. <sup>c</sup> Other psychotropic medicines were classified under Other medicines in the bulletins before the year 2023 (see [Methods of the last bulletin of the year 2022](#) for the former classification).

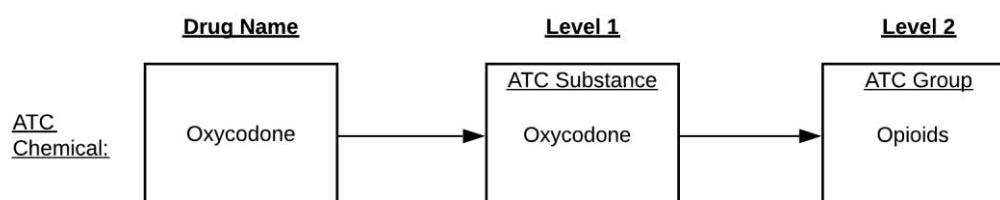
<sup>d</sup> Some drugs belong under more than one ATC code, e.g. promethazine is under both D04AA and R06AD, and lidocaine is under D04AB, N01BB, R02AD and S01HA. Given they are all classed under "Other medicines" the lack of mutual exclusivity of ATC classes is not an issue. Where mutual exclusivity of ATC code is an issue for our categorisations (e.g. for benzodiazepines and opioids), we have noted the exclusions in the description column.

### 5.1.1.1. Categorisation of pharmaceutical drugs



Pharmaceutical drugs were categorised according to the Anatomical Therapeutic Chemical (ATC) classification system. The [ATC system](#) classifies drugs into groups at five different levels, describing their therapeutic, pharmacological and chemical properties, with the lowest ATC level containing the active chemical substances found in drugs. If a Level 1 pharmaceutical drug exists in the ATC system, then a higher ATC level of that drug was chosen as the broader class at Level 2. The higher level was chosen such that: (1) the class generalises to similarly acting drugs that are also found on cryptomarkets; and (2) the class name suitably describes the drugs falling under that class. The chosen Level 2 class names can correspond to either the therapeutic (2nd highest), pharmacological (3rd highest), or chemical (4th highest) subgroup levels found in the ATC system. The major ATC classes we have used at Level 2 are: benzodiazepines, opioids (excluding heroin), other psychostimulants and nootropics, and PIEDs/weight loss. All other ATC classes are grouped under other medicines at Level 1. Multiple entries of a single substance may exist in different branches of the ATC system. This is due to some chemical substances having multiple therapeutical uses. Our major classes defined above take precedence over other ATC classes, e.g. N01AH are opioid anaesthetic drugs and is categorised under 'opioids (excluding heroin)' instead of under 'other medicines' as 'general and local anaesthetics' (N01A; see [Table 1](#)). A detailed description of ATC structuring can be found [here](#). See [Figure 4](#) for an example classification according to ATC. Drug names were sourced from the [ATC database](#) hosted by WHO. Brand names sourced from [RxNorm](#) hosted by NIH were used to further identify pharmaceutical drugs by brand names in data updates (see section [5.1.1.5](#)).

**Figure 4. Example categorisation structure for ATC chemicals.**



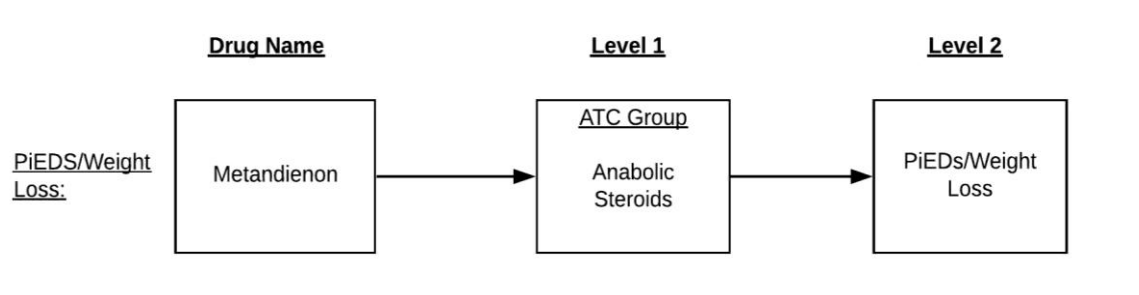
### 5.1.1.2. Performance and image enhancing drugs (PIEDs) and weight loss drugs.



As drugs that would traditionally fall under PIEDs/weight loss drugs may appear in different branches of the ATC system due to differing therapeutical and pharmacological grouping, it was necessary to apply a suitable ATC level at Level 1 rather than at Level 2. If there was no direct match to an ATC code, we have assigned an appropriate ATC categorisation based on drug indications or functional effect.

These ATC categories at Level 1 are then grouped to the class 'PIEDs/weight loss' at Level 2. For example, the steroid testosterone is found in the ATC group 'Androgens' (G03B), whereas the steroid oxandrolone is found in the ATC group 'Anabolic steroids' (A14A), both of which do not have a common ATC parent Level. Therefore, the ATC levels 'Androgens' and 'Anabolic steroids' were assigned at Level 1 respectively, instead of the steroid drug name (see [Figure 5](#)).

**Figure 5. Example categorisation structure for PIEDs/weight loss drugs.**



### 5.1.1.3. New psychoactive substances (NPS)



For the purpose of this reporting, we **defined** NPS as any narcotic drugs or psychotropic substances made available or used from the early to mid-2000s for their psychoactive properties. These drugs are not scheduled or have only been listed since 2015 under the international drug control conventions of 1961 and 1971 and could pose similar threats to public health as substances scheduled under these conventions. There is no standard nomenclature for NPS nor publicly accessible list of all NPS identified globally. For this reason and because of the variety of street names for each NPS, it can be very difficult to identify unique NPS from information provided in the listing. Sources for our list of NPS names includes [UNODC, RESPONSE, EMCDDA](#) reports, presentations at <https://www.novelpsychoactivesubstances.org/>. The following sources for names were added for the data updates described in section 5.1.1.5: [HighRes NPS](#), [NPS Hub](#) and the Center for Forensic Science Research & Education (CFSRE)'s [NPS Discovery](#).

**Note that we intend to provide further disaggregation of specific NPS classes at Level 1 (e.g. benzodiazepines, opioids, synthetic cannabinoid receptor agonists, phenylamines) in the [public online interactive visualisation](#) in the future. Please contact us ([drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)) if you have queries regarding results for a specific substance.**

### 5.1.1.4. Other non-standard categories



Additional Level 2 classes were created to accommodate non-standard drug listings such as drug paraphernalia and precursors. The 'paraphernalia' class contains injecting equipment, vaping equipment, drug checking equipment, naloxone and other paraphernalia.

Custom-made listings that are intended to be ordered by a specific buyer were identified with the keyword 'custom' in the listing title and excluded. Miscellaneous non-drug items are also identified through keyword matches (e.g. 'recipes', 'tip jar', 'how to ') and excluded.

### 5.1.1.5. Updates to drug names database

We continually match and review uncategorised listings to lists or databases of drug names. Updates were made to data from 1<sup>st</sup> February 2020 onwards in the [June 2022-May 2023 bulletin](#) and from 1<sup>st</sup> June 2021 onwards in the current accompanying bulletin, predominantly for pharmaceutical drugs and NPS. For the current update, we have focussed on brand names from [RxNorm](#) (e.g. Wellbutrin) hosted by NIH, and NPS that were classified as opioids, benzodiazepines or synthetic cannabinoid receptor agonists in the NPS databases (e.g., gidazepam). Updates to the pharmaceutical drug names were applied before the updates for NPS names because the NPS databases often contain pharmaceutical drugs (or their brands) that are not necessarily NPS.

### 5.1.2. Applying categorisation of listings

In order to apply this categorisation to the extracted listings, we classify the text contained in the listing title to a Level 1 category. To ensure the largest possible number of listings have been categorised with a high degree of confidence, we have implemented an automated classification procedure comprising of two components: a *rule-based system* and a *machine learning classifier*. Note that both components are performed on all listings in the extracted dataset.

#### 5.1.2.1. Rule-based system



The *rule-based system* checks each listing title for the appearance of certain phrases or words which have been previously mapped to a Level 1 category by a human.

To carry out the rule-based system, individual words contained in the listing title have been matched against a database of drug names and their street and pharmaceutical brand variants developed by the researchers, all of which have an associated Level 1 category. If a single match exists (i.e., there is a unique phrase in our database that is found within the listing title), then, with confidence we can assign the corresponding Level 1 category of that matched phrase. For example, the street name 'xtc' for Level 1 category MDMA is matched to the listing title '5 XTC Pills Bitcoin Stamp 250MG', resulting in the assignment of MDMA at Level 1 for that listing.

The text matching component of classification is implemented using a standard string searching algorithm in Python, which can account for variations in punctuation and capitalisation through the use of regular expression commands.

#### 5.1.2.2. Machine learning classifier



A *machine learning classifier* that has been trained on historically categorised listings is used to classify all listing titles in the extracted dataset. The machine learning component was deemed necessary as (1) it is not feasible to manually categorise thousands of un-matched listings on a regular basis; and (2) it is not feasible to account for all the different ways a drug can be listed with pre-set rules and instructions.

The machine learning model utilises a long short-term memory (LSTM) artificial neural network. Listing titles that were classified by this predictive model with a target predictive accuracy greater than 90% were assumed to be valid. This threshold value was deemed appropriate after a manual check of 200 newly classified un-matched listings. These listings categorised by the predictive model, on average, accounted for 65% of the un-matched listings from February 2014 to January 2020.

The LSTM neural network was trained on a set of 5 million unique categorised listings from February 2014 to January 2020 that were labelled correctly by our rule-based system. To avoid bias, it was ensured this training set included a representative number of all the target Level 1 categories. In order to translate the listing titles into understandable inputs for the neural network, word-embeddings were produced for each of the 52,000 unique words present in all of the historically collected listing titles. These were achieved with a word2vec model programmed in Python that embedded the contextual and sequential relationships found in the various drug listing titles into transformed numerical inputs. The subsequent training and development of the LSTM model was completed through the neural network library, Keras. Cross-validation was performed to assess model validation, and an out-of-sample accuracy of 96% was obtained.

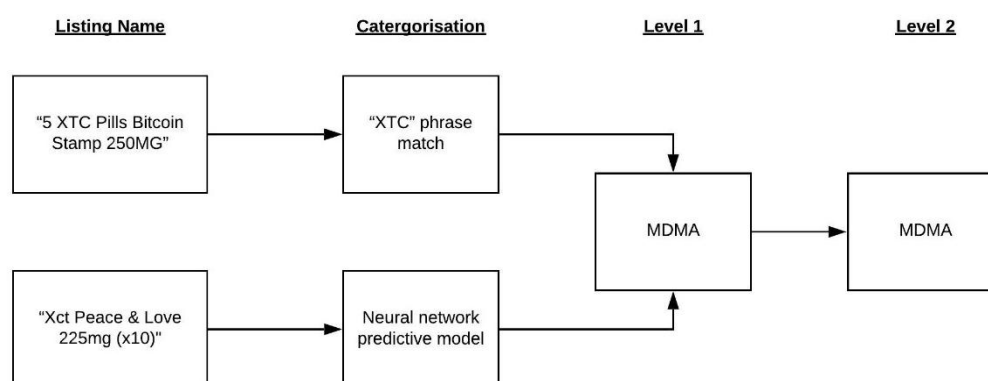
#### 5.1.2.3. Final assignment of Level 1 category to listing

The following algorithm is then applied after implementing the two components of our classification procedure described above.

1. Listings are categorised to a Level 1 category if a single drug could be identified using the *rule-based system*;
2. For the listings with a match to two or more Level 1 categories from the *rule-based system*, common issues include drug-specific equipment containing both a drug name and equipment keyword (e.g., "cannabis vaping equipment"), the ambiguity of MDMA appearance or pill shape names that can refer to other drugs (e.g. "2c-b pills orange batman"), or a common drug deemed to be similar to an NPS drug is used as a descriptor of the NPS drug (e.g. "flualprazolam (like Xanax)"). To correct for these duplicate cases, the following overriding rules were scripted to allow further categorisation of listings to a Level 1 category.
  - Vaping equipment is assigned as the Level 1 category when the listing contains another drug name (e.g., "THC e-cig" is assigned to vaping equipment).
  - When the listing (e.g. "2c-b orange batman") is matched to two or more drugs, and MDMA was identified with terms based on appearance or pill shape names (e.g. 'moonrock', 'superman', 'mario', 'orange batman'), the other drug(s) override or take precedence over MDMA as the identified drug. This is a new addition to the algorithm for data collected from 1<sup>st</sup> February 2020 onwards.
  - The remaining listings with two or more matches were vetted to work out common exception pairs, e.g. listings identifying both flualprazolam and another common benzodiazepine like alprazolam were classified as flualprazolam under NPS as the Level 2 drug class. The majority of these listings used the more common or well-known drug as the descriptor of the drug being sold in the listing.
3. For the remaining listings with more than one Level 1 category identified and where the multiple drugs identified belong to the same Level 2 drug category, they are categorised as a mixed/uncategorised drug under that Level 2 category, e.g. "Mixed/uncategorised benzodiazepines" as a Level 1 drug category under "Benzodiazepines". Where the multiple drugs identified belong under two or more Level 2 drug category, they are categorised into the 'Mixed/uncategorised drugs' category at Level 1 under the 'Other drugs' category at Level 2. This is a new addition to the algorithm for data collected from 1<sup>st</sup> February 2020 onwards.
4. For those listings that are not categorised to a Level 1 category by the *rule-based system*, a valid Level 1 category (i.e. with a predictive accuracy greater than 90%) from the *machine learning classifier* is then assigned as the Level 1 category (see **Figure 6**).
5. Custom listings (e.g., "cocaine custom listing") and listings that are how-to guides for making or growing drugs (e.g. "how to grow cannabis at home") are excluded even if drug categories were identified for the listing (see **section 5.1.1.4**).



**Figure 6. Example of categorisation process applied to two MDMA listings.**



We continually match and review uncategorised listings to lists or databases of drug names. Some pharmaceutical drugs had been identified from their generic names in the uncategorised listings in previous bulletins (see Methods document of this [bulletin](#) for details). These pharmaceutical drugs were added to the drug term database for this bulletin so that current and future listings of these drugs can be categorised by the *rule-based system*. These new listings will be used to update the historical categorised training dataset in the future, and the machine learning model will be re-trained on this updated dataset. This process will allow future unmatched drug listings containing newly identified drugs to be categorised by the predictive model. Please note that the new terms have not been applied to the training dataset as yet because of the time and effort it takes to train and evaluate the machine learning classifier.

For a summary of listing categorisation of historical data before 1<sup>st</sup> February 2020, please refer to the [methods bulletin](#) for cryptomarket listings from February 2014 to January 2020.

Uncategorised listings consist of misspelt drugs, non-drug items, unidentified drugs, and drugs described by street names that have not been included in our database. These listings have been excluded from reporting in the bulletin and online visualisation.

## 5.2. Deduplication of listings

We deduplicated listings with identical drug listing title and vendor username, and that are located on the same market in the same snapshot. Removing these duplicate listings avoids recounting repeated listings that often arise within a marketplace (promotional offers, server-side errors) or when listing pages are re-scraped after a timeout.

### 5.2.1. Deduplication of listings for quantity variants

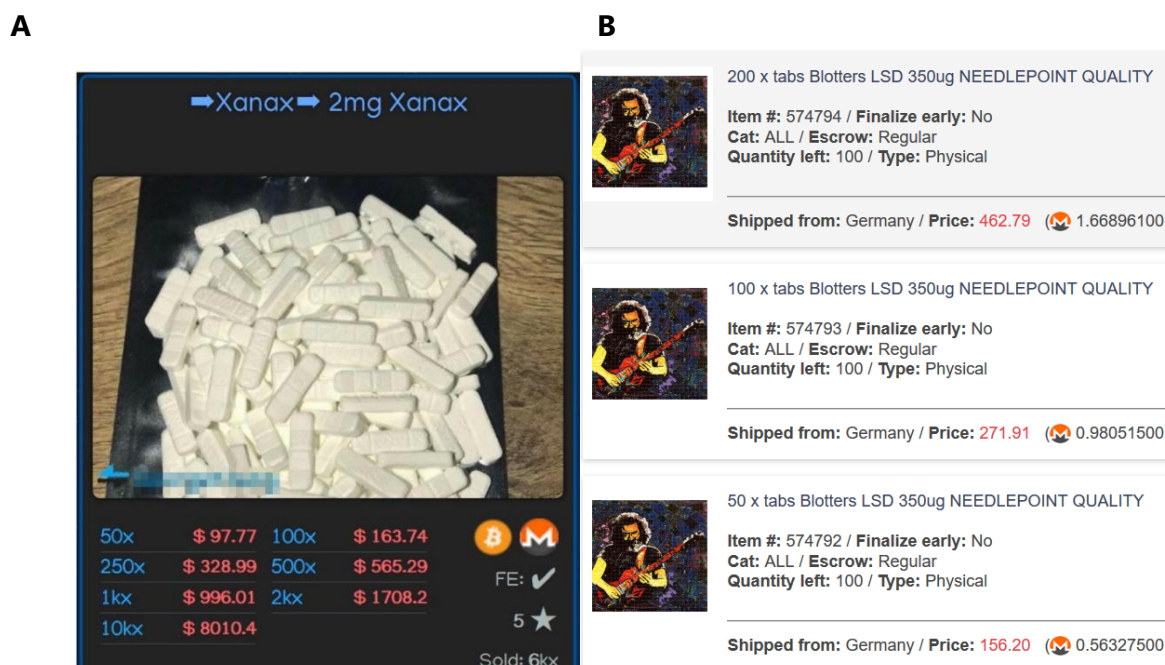
Cryptomarkets vary in their ability to show differing quantities of the same product. Some markets allow for sale of different quantities within the same listing ([Figure 7A](#)), whereas other markets require separate listings for each quantity of the same drug ([Figure 7B](#)).

In our previous reporting, we would have identified one listing from the example in [Figure 7A](#), and three listings from the example in [Figure 7B](#). In this bulletin, we have addressed this issue, and counted different quantities of the same product as a single listing (e.g., both [Figure 7A](#) and [Figure 7B](#) would only count as 'one' listing, respectively).

Where multiple listings of the same product varying in quantity have been identified in a given snapshot, the listing of that underlying product with the lowest quantity is kept, and listings of additional quantities are

removed. In the examples above, the lowest quantity (i.e. 50x for both listings) would be kept. This removal of quantity variants further reduces the number of listings by about 50% (see **Table 4** in the [Methods document of the last bulletin of the year 2022](#)).

**Figure 7. Listing varying quantities of the same product in one listing (left image A), as opposed to listing varying quantities across multiple listings (right image B).**



### 5.3. Creation of twice monthly snapshots from historical data



For the weekly data from before 1<sup>st</sup> August 2022, twice monthly snapshots of the cryptomarket data were taken from the first week of data in each of the two-week period starting on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Where data for the cryptomarket was missing or incomplete, data for that cryptomarket was sourced from the second week of data in the two-week period if available.

## 6. Data analysis and interpretation of results

We report on the number of listings in a given snapshot as the main metric. This is aggregated by Level 2 category and/or month in our reporting.

### 6.1. Number of listings



The number of listings is the sum of listings deduplicated for quantity variants ([sections 5.2 and 5.2.1](#)) in each snapshot. We can interpret the total drug-related listings over time as indicative level of 'market size' by cryptomarket or by drug class. Percentage of listings for each drug class of the total listings is considered the total 'market share'. The number and percentage of listings by drug class are either aggregated or not reported in the bulletin where the drug class constitute <0.5% of the overall market share.

### 6.1.1. Average monthly percent change in number and percentage of listings by Level 2 drug class



In this bulletin, we computed average monthly percent change (AMPC) in number of listings (i.e. market size) and in percentage of listings (i.e. market share) using a generalised additive model (GAM) in the [mgcv](#) package in R. The number of listings is fitted as a Poisson count variable and the proportion of listings is fitted using number of listings as a Poisson count variable with the total number of listings as the exposure variable. The regression modelling is performed over the 12-months of data from October 2024 to September 2025.

The number or proportion of listings,  $y_i$ , is fitted in the GAM to account for non-linearity in trend over time in months,  $t_i$  using the function  $f(t_i)$  modelled using the default thin-plate regression spline and a separate linear coefficient,  $\beta_1$ , is estimated as:

$$y_i = \beta_0 + f(t_i) + \beta_1 t_i + \epsilon.$$

The overall change in non-linear trend over time is restricted to average to zero so that the linear coefficient allows the estimation of overall increase or decrease over time. AMPC is computed from the estimated linear coefficient as:

$$AMPC = (\exp(\beta_1) - 1) \times 100\%$$

### 6.1.2. Caveats on analysis of number of listings

- **Number of listings is only an approximation of total drug availability via cryptomarkets.** Data on number of listings can be interpreted as an approximation of global drug cryptomarket availability only. These data are limited due to the inability to monitor and identify all active cryptomarkets, and the inability to extract from and crawl markets as soon as they appear. However, as large markets are given priority for monitoring, these figures show reasonable estimates for trends in drug availability on cryptomarkets. It is important to note that drug listings via cryptomarkets likely only comprise a small proportion of the total drug markets, which also include street-based selling, social supply and other digitally mediated drug trading (e.g. app-based). According to the [World Drug Report 2019](#), monthly drug-related revenue of the then eight largest darknet markets amounted to 0.1-0.2 percent of overall drug retail. In addition, we have not identified scam or out-of-stock listings (e.g. some listings with prices that appear to be unrealistically high are not excluded).
- **Inferences of sale volume cannot be made from the number of listings.** The number of listings does not capture any information regarding the number of sales of any listing, and therefore, they cannot be translated to any metric that reflects the sale volume of a market or specific drug. These metrics capture the availability of a certain drug only on a specific market. To gain information regarding the volume of actual purchases, other features such as customer feedback and vendor ratings must be analysed. Due to the varying nature of what is visible on differing markets and our limited scope of data extraction, a universal analysis can only be framed in terms of the number of listings. We refer the reader to [Ball et al., 2019](#) for scraping procedures that implement more exhaustive crawling, and [Aldridge and Décary-Héту, 2016b](#) for analyses of transactions through the proxy of feedback comments and/or drug listing ratings, and we acknowledge the broader literature on these topics (too extensive to list here).

## 6.2. Number of vendors



The number of vendors is the sum of unique vendors observed in a snapshot selling a specific drug category. For this measure, a vendor is considered unique only within the same market only; that is, the same vendor may be counted multiple times across different markets. This measure maintains the same interpretability as counting the number of listings. For conciseness, the bulletin does not report on number of vendors but it is presented in the interactive online visualisation.

## 6.3. General caveats to interpretation of findings

- ***Categorisation of listings may be subject to fallacy.*** While 92% of historically collected data has been categorised and included in reporting, we cannot guarantee perfect accuracy due to human errors in our drug database (e.g. phrases that may be shared between two different drugs). Moreover, we cannot guarantee no misclassifications from our predictive model, however this is limited by our predictive accuracy threshold of 90%. We have excluded listings unable to be categorised from our presentation of results. We are currently updating our drug categorisation dictionaries by extracting terms from our uncategorised listings and matching them to our current and new data sources on NPS, pharmaceutical drugs and their brand names, and names of cannabis strains. The categorisation algorithm is also continually improved on for future reporting.
- ***Inferences regarding illicit manufacture of medicines cannot be captured from our findings.*** We cannot distinguish between illicit and pharmaceutically manufactured substances (e.g., benzodiazepines produced by legitimate pharmaceutical companies to pharmaceutical standards versus those manufactured illegally or tampered with). Occasionally, this information can be deciphered from available information contained in listing title (e.g., determining whether fentanyl is sold in the form of a transdermal patch) however, it is not feasible currently to implement this kind of finer processing for every drug.
- ***Findings reflect purported substance content as opposed to objective information on contents.*** We can only categorise substances based on the information contained in a drug listing. The advertised contents may or may not align with the actual contents (e.g., drug listed as MDMA may actually contain MDA only, or a mix of both MDMA and MDA).
- ***Time series may be variable due to market fluctuations.*** Time series for certain markets may exhibit large variation in the short-term due to market disruption or instability. Statistical smoothing has not been applied to remove these abrupt phenomena from reporting, however we hope to integrate this in future reporting.
- ***There are missing data.*** The reported data contains missing data where complete crawling was not undertaken. Most often, this is due to difficulties with accessing the market (e.g. DDoS attack).

## Glossary

Term	Definition/Description
<b>Anatomical Therapeutic Chemical (ATC)</b>	A unique code assigned to a medicine according to the organ or system it works on and how it works. The classification system is maintained by the World Health Organization (WHO).
<b>Average monthly percent change</b>	The relative percent change in number or percentage of listings per month estimated using the Joinpoint regression program version 5.0.2 ( <a href="#">National Cancer Institute, 2023</a> ) (see <a href="#">section 6.1.1</a> ).
<b>Beautiful Soup</b>	A Python package for parsing HTML and XML documents.
<b>Cryptocurrency</b>	Digital currency in which encryption techniques are used to regulate the generation of units of currency and verify the transfer of funds.
<b>Cryptomarket</b>	An online marketplace that facilitates the purchasing of illicit goods and services via multiple sellers, and provides its users with anonymity via its location on the hidden web.
<b>Hidden web (aka darknet)</b>	Encrypted, anonymous services built on the Tor internet service and similar services that are not indexed by conventional search engines.
<b>Distributed denial-of-service attacks (DDoS)</b>	Cyber-attacks in which the web-service is attacked with superfluous requests in an attempt to overload server systems and prevent some or all of the legitimate requests from being fulfilled.
<b>Keras</b>	An open-source neural-network library written in Python.
<b>Market share</b>	This is defined as the percentage of drug-related listings by drug class.
<b>Market size</b>	This is defined as the number of drug-related listings per snapshot, overall (i.e. in the total market), by market or by drug class.
<b>Number of listings</b>	Sum of listings observed in a snapshot, belonging to a specific market or drug class. For this measure, identical listings and their quantity variants from the same vendor and market within the same snapshot are removed (see <a href="#">section 5.2</a> ).
<b>Number of vendors</b>	Sum of vendors observed in snapshot selling a specific drug category. For this measure, a vendor is considered unique only within the same market only; that is, the same vendor may be counted multiple times across different markets.
<b>Regular expressions</b>	A special sequence of characters that helps you match or find other strings or sets of strings, using a specialized syntax held in a pattern.
<b>Scrapy</b>	A package integrated into Python for parsing HTML and XML documents.
<b>Selenium</b>	A free (open source) automated testing suite for web applications across different browsers and platforms.
<b>Snapshot</b>	A snapshot of the cryptomarkets is taken on a twice monthly basis, in the two weeks starting on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month.
<b>Surface web</b>	Internet content that can be accessed through search engines.
<b>Tor Network ('The Onion Router')</b>	An open source privacy network that permits users to browse the web anonymously by re-routing their IP address through various encrypted nodes.
<b>Word embedding</b>	A learned representation for text where words that have the same meaning have a similar representation.



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## Related Links

- Data visualisations: <https://drugtrends.shinyapps.io/cryptomarkets>
- For more research from the Drug Trends program go to: <https://www.unsw.edu.au/research/ndarc/research-impact/research-areas/drug-trends>

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