BREAKING THE CHAIN OF MATERIALS DESIGNERS; PETER L BERGER'S SOCIAL INTERPRETATION PERSPECTIVE

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Abstract

This paper aims to examine the mentoring model in an effort to Break the Substance Chain Designer from the Perspective of Social Interpretation Peter L Berger. The study of efforts to break the chain of designer substances tries to approach phenomenology and social construction in Peter L Berger's theory of former drug addicts in Haurpanggung Village, Tarogong Kidul District, Garut Regency. This analysis is based on qualitative data analysis, namely data that is sourced from words and actions. The research strategy used is a narrative strategy, using in-depth interviews with research subjects (respondents). As for the findings in the field that 8 out of 10 drug addicts who have been rehabilitated return to addicts with a new type of drug, namely designer substances, meaning that 80% fail after rehabilitation. However, through an empathic mentoring approach based on communication and geographic mutation, this can be continued continuously and produce total success.

Keywords: Designer Substances, Drugs, Social Construction, Mentoring

A. INTRODUCTION

Indonesia is in a drug emergency not only today, but since 1971. So naturally, from year to year, instead of decreasing the consumptive behavior of citizens towards drugs, it continues to increase. Almost all elements of society, especially young people (Gail, 2007) have not missed it. Simply put, on the line of stratification (Sayogyo, 1985) ranging from high class, middle to lowest or the lower class. Meanwhile, on the line of differentiation, there are very, very diverse drug consumptive users, from artists, state officials to educated circles, even to the social class of scavengers. Likewise with regions, drugs have filled and adorned all entities, be it cities, semi-cities and even villages and mountains.

Apart from being the impact of cheap and lively as well as the rapid flow of information technology, the risk of today is that the whole world is integrated in the global order (Evers, 1989), so it is not strange that the consumptive behavior of society towards drug use is increasingly becoming. Fast, most accurate access to within a certain threshold as well as across national borders—online media. With the seriousness of drug trafficking, it is no longer a mental health disaster (Siswanto, 2007), but has become a humanitarian disaster with a very high level of complexity. What is very worrying about the humanitarian disaster of drugs is to make the strong society weaker and the weaker weaker.

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Based on Law Number 35 of 2009 concerning Narcotics. In 2002 the National Narcotics Agency (BNN) was established. The presence of BNN does not reduce the circulation and use of drugs, but on the contrary it becomes more violent than before the existence of BNN. What is even more interesting is the existence of rehabilitation services for drug users, it does not reduce the public's consumptive tension towards drugs, but it is increasing.

There are about 100 types of ecstasy in the world and 30 types have been circulating in Indonesia for a long time (Wresmiwiro, 2000). This means that 30% of illegal drugs have circulated and poisoned the nation's children. Drug consumptive behavior is really serious, considering that consumption has occurred among early adolescents in the age range of about 11 years to 14 years, middle adolescents ranging in age from about 14 years to 17 years and late adolescents ranging in age from about 17 years to 20 years (Kaplan, et.all, 2010). Thus, it is very clear that this age range is a vulnerable early productive age or periods of self-determination. So the social behavior of drugs is always diverse can be a pull from outside (external factors) or encouragement from within (internal factors). Besides that, it can also be the impact of the existence of pull factors or push factors.

Apart from the above, what is even more significant is recovery. Drug addicts are quickly restored through rehabilitation. Rehab homes help addicts to get rid of their dependence or addiction from drug abuse. However, from the nature or nature of the dependence of addicts on the use and abuse of drugs, it is very, very difficult to recover completely. Every year, approximately 18 thousand people are rehabilitated as victims of drug abuse. Of that amount, 80% after undergoing rehabilitation turned out to be back again using drugs. (Suriakusumah, 2013).

his study seeks to understand an attempt to break the chain of designer substances. This research was conducted in Haurpanggung Village, Tarogong Kidul District, Garut Regency, West Java Province. Considerations for choosing the location of this study include Garut Regency, which is one of the district governments in West Java Province which is quite high in drug consumption. Based on data from the National Narcotics Agency (BNN) of Garut Regency, there are around 50,000 people of productive age as active drug users. Called an active user, it means that even after going through rehabilitation, they are addicted to using drugs again. In addition to the number of users and addicts who are dependent on drugs, there are also very varied, ranging from workers who work as Civil Servants (PNS) to young teenagers. And Tarogong sub-district among many sub-districts in Garut district is the most fertile district as an area for drug users or addicts. In fact, in 2014 when designer substances were produced, 23 people died. (Dr Slamet Hospital, December 2014).

Meanwhile, the circulation within the national scope until 2017 is as follows:

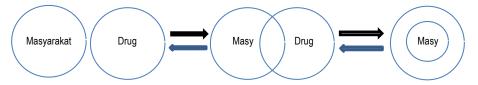
methamphetamine	4,71	Ton	
marijuana .	151,22	Ton	
ecstasy	2.940.748	Butir	
,	627,84	Kilogram	

Source: BNN, 2017

From the light of the description above, the author is interested in researching how to break the chain of dependence on new types of drugs or designer substances in recovery in Tarogong Kidul District, Garut Regency.

B. METHOD

The study of efforts to break the chain of designer substances tries to approach phenomenology and social construction in Peter L Berger's theory of former drug addicts in Haurpanggung Village, Tarogong Kidul District, Garut Regency. Thus this analysis is based on qualitative data analysis, namely data that is sourced from words and actions. Data analysis in this study uses qualitative data analysis, namely while in the field the Miles & Huberman model is used, namely data analysis techniques with stages; data reduction, data display and conclusion. The description of the human relationship with drugs is as follows:



C. RESULTS AND DISCUSSION

Addicts or active users of Narcotics, Psychotropics and Addictive Substances (drugs) are very, very difficult to stop completely from their dependence on consuming and abusing drugs. The author prefers to use the term drug rather than drugs (Narcotics and Dangerous Drugs). Actually there are no drugs that are dangerous, all types of drugs of course depend on the dosage in the rules for use. There are three types of substances that are used as medical drugs for therapy, among others. First, narcotics are substances that can cause certain effects for the wearer by inserting them into the body, these effects can be in the form of anesthesia, stimulation of the spirit of hallucinations or creating delusions, these properties are carried out medically in surgical techniques. Second, psychotropics are non-narcotic substances or drugs, both natural and synthetic, which have psychoactive properties through selective effects on the central nervous system that cause characteristic changes in normal behavior. Third, Addictive Substances are substances other than narcotics and psychotropic substances that can cause dependence for users; alcohol, tobacco, thinner, adhesive glue (Narcotics Law Number 35 Year 2009).

Meanwhile, drug abusers are divided into three parts. 1) Primary (chronic) dependence is a group or community of users characterized by mental disorders in the form of anxiety and depression, generally found in people with unstable personalities. Against this mental disorder, they try to self-medicate without consulting a psychiatrist/psychiatrist. 2) Systomatic (acute) dependence, this group of users

are those with antisocial personality (psychopathic/sociopathic). The result of this abuse symptom is the emergence of free sex and other deviant behavior. 3) Reactive dependence, namely the dependence that exists on curious users, due to environmental influences and certain social community pressures (Hawari, 1999).

The effects of dependence on drugs are as follows:

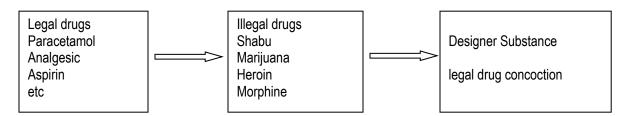
IMPACT OF DRUGS			
SHORT-TERM	LONG-TERM		
Rush (sensasi yang cepat di otak)	addicted		
depressed breathing	Infected with HIV/AIDS, hepatitis B & C		
Disorganized mental function	Nerve disorders		
Nausea and vomiting	Bacterial infection		
Pressing pain	Swelling		
Spontaneous abortion	Heart valve infection		

Source: NIDA, 2001

The addicts are physically and mentally disturbed and even have an impact on their social life. Drug addicts in general have a long lasting impact, especially low self-esteem. Therefore, this low self-confidence is then a factor that drives them to use drugs again. Someone who has low self-confidence will certainly be someone who is less powerless or completely helpless. In their daily interactions they are not very active, more often alone than joining other members of the community. In this condition, it is very possible for the helper to help restore and raise the confidence of former drug addicts and of course with empathic communication.

There are at least four effects of drug abuse. 1) An overpowering desire for the substance in question and if necessary by any means to obtain it. 2) The tendency to increase the dose or dose with the body's tolerance. 3) Psychological dependence, namely when substance use is stopped it will cause psychiatric symptoms, such as anxiety, anxiety, depression and the like. 4) Physical dependence, namely when substance use is stopped, it will cause physical symptoms called withdrawal symptoms. (Hawari, 1999).

Former drug addicts are still very likely to return to drug abuse, although not back to illegal drugs such as marijuana, methamphetamine, and so on. They still have the potential to return to the alternative path of designer substances, so that designer substances become the last landing for ex-addicts to weave their dreams. However, it is not impossible to stop completely.



1. Social Construction of Society Against Addicts & Former Addicts

In the thought of Peter L Berger that the relationship of individuals or humans with society is a dialectical process consisting of three main moments; externalization, objectivation and internalization. It is in the light of these three momentums that an empirical view of society will be carefully obtained. Externalization is the continuous outpouring of the individual's self into the world he knows; physically and mentally. Objectivation is the holding of the product of activity, both physical and mental, which is a reality that faces the producer in a facticity (agreement) that is external to the producer. Meanwhile, internalization is the re-absorption of the reality by the individual. Through externalization, society is a product of humans or individuals, with the objectification of society being a unique reality and with the internalization of humans being a product of society (Berger, 1994).

The reality on the ground is that most people in the community view drug addicts as well as former drug addicts as sick or sick people. Because of this view it is difficult to accept the sick when they want to return to a normal community. This is possible because there is a definite distance between normal members of society (non-drug users) and people who are not normal or sick (drug users). So that some people from the drug user community after medical rehabilitation, psychological rehabilitation always misses or fails during social rehabilitation. Because after all, drug addicts will always be plagued by three convicts. First, the community of drug users must be physically disturbed or have physical problems (illness) and can only recover with medical help. Second, the drug addict community must have been mentally disturbed by the former hurricane and addicts, so the path of recovery is in the hands of a psychiatrist. Third, ex-drug addicts will soon have problems with broad social interactions in terms of social interaction across user communities, this is the most difficult and very difficult for the wider community to accept so that many fail in this social interaction threshold range.

The community of drug lovers after going through externalization, objectivation and internalization in a large social network of fellow drug lovers, finds it difficult to re-weave social initiatives that can be accepted by people who have been constructed that they are sick and even contagious. So that the family is the most basic or primary socialization place for a person's survival, it is also difficult to support when members want to leave the drug user community. Even so, the family structure allows for social order and order for its members. Parenting in the family has different dimensions, especially in style and socialization. It is clear that there are differences in social class in society. The style of the high economic class or the rich is very different from the parenting style of the middle economic class, for example, as well as the lower economic class or the poor. The recovery style of drug addicts in high-income families tends to be represented by costs, whatever the costs of recovery will be and can afford to pay. Meanwhile, for families with middle-income families, costs are kept to a minimum, so that consultation and communication are more and more continuous. And in low-income families, the pattern of recovery is not always at a cost, but using herbal therapy and prayer patterns.

Thus, in the pattern of families from rich economic circles, recovering drug addicts is always medical, middle-class families can consult medical or herbal therapy. Families from the lower classes or the poor recovering drug addicts always approach herbalist therapy. In practice, the three patterns of recovery for drug addicts do not work out completely or completely. Because there are two kinds of obstacles in recovery. First, pocket. Because drug addicts are struggling to find alternatives to reduce their addiction, which will never be felt by anyone but themselves, including their families, they cannot do much other than treat them with various drugs. Second, hurricane stockun. Because the addict's hurricane stockun is just like a pocket that can't hold back the memory of how beautiful the hurricane

stockun is in their lives, thus making addicts choose an alternative path or any substitute that can bring back the hurricane stockun.

2. Geographical Mutation and Assistance

Empathic assistance in the recovery of drug addicts is essentially a behavior building that begins with efforts to build awareness of the potential and needs of drug addicts themselves. Then it is increased through dialogue communication that invites them to be active in recovery activities. This empathic assistance is more directed at building active participation of drug addicts to be able to change behavior for the better. Empathic assistance is also directed at raising the motivation and potential of every drug addict so that they can rise and be competitive to change their lives for the better. Therefore, the empathic mentoring style cannot be done passively or unilaterally, but must be between both parties.

Through a dialogical process, drug addicts can speak freely and behave worthy of respect as normal. Every drug addict can share his problems and needs. They will also be able to find solutions to the problems they face in their own way. They can communicate openly, respect and trust each other. Thus, people will have the awareness to want to change their behavior, improve their quality of life according to their potential, needs and culture. On the other hand, through dialogic communication, an atmosphere of intimacy, mutual trust, and the re-establishment of cultural order and harmony in their family structure will be built. While the concept of mutation is the transfer of character and characteristics that begins with geographic mutation. This means that drug addicts no longer interact intensively with their families, but instead have to leave for an uncertain time in penetrating and weaving a new world.

The concept of mutation itself has a very clear network, so that the mutations carried out by drug addicts are not in vain in the sense that they begin to weave their fate with a new social process, so that they are able to move back towards complete healing.

D. CONCLUSION

In the real social life of society, the fabric or strand of a social construction, whether positive or negative, is a social fact in society itself. When some members of the community violate the threshold of norms in society, the subjectivity of social assessment begins to work actively, so it is not easy when many community members after recovering are serving sentences for some violations or mistakes, not so warmly accepted by the community members. The attitude of prudence or suspicion of the community comes after knowing the track records of community members who have been known for a long time. In general, in society there is always the term "taboo", the term differs from one community to another.

In the light of the explanation above, it is not easy for a former drug addict to develop his potential after he is no longer an addict. With a former drug addict, it's not that there is no communication at all, but one-way communication, meaning that there isn't often a dialogical communication that really becomes a vehicle for comfort between the two parties. Therefore, it is natural then that about 80% of former drug addicts after going through rehabilitation they return to the drug path (become addicts

again). This indicates how hard it is for a former drug addict to be empowered in his life. Apart from internal challenges, there are also external barriers to public acceptance which are much more pressing and burdensome.

In the light of the above understanding, it becomes easy for us to understand it turns out that as far as the meaning of each world and the habits in a society are concerned, every citizen of the community wherever they are must have the same awareness and the only difference is the customs and culture of the people who already have construction. its social. Every society is certainly different in treating its citizens, as well as in terms of giving respect to its citizens. However, strengthening empowerment is certainly directed at both parties. On the one hand, providing explanations or counseling to community members, while on the other hand providing reinforcement for former drug addicts themselves. Both are very important to do counseling even through a dialogical communication approach. However, the strengthening of former drug addicts is more of a mentoring than counseling, while for the community who will accept the presence of former drug addicts, counseling is carried out.

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So, for example, if in a society whose citizens prefer to take their children to see a doctor in overcoming various disease problems rather than taking them to a healer (alternative medicine expert), this means that the community has left the world of healers and that means they have chosen the world of modern medicine. What happened actually turned out to be a change in the world in every citizen and not an increase in awareness. Because after all, a healer is certainly more aware of the world of alternative medicine practice than any modern specialist. In this case, it is important to distinguish between rationality as a society's ability to ask questions and seek answers to various problems they face and intellectuality as a condition in which citizens have a lot of information about certain problems. Thus, community members who have little information but are able to manage the problems they face may be more rational than people who have a lot of information but are not good at managing it.

It is at this point that the accuracy of dialogic communication with empathic characteristics in the recovery of former drug addicts can be the basis in determining the world's movement after the control of a lot of information by the community or family. Meanwhile, now is an era where there is an abundance of information through various social media, but especially electronic media which is super fast. However, after empathic communication is established, former addicts have to break up with their old friends so that transfer or moving to another place becomes an absolute choice that can no longer be rejected.

References

Berger L, Peter 1994. Langit Suci; Agama sebagai Realitas Sosial. LP3ES. Jakarta.

Johnson, Doyle Paul, 1986. *Teori Sosiologi Klasik dan Modern*, Terj. Robert M.Z. Lawang, Gramedia, Jakarta.

Drs. Wresmiwiro, M Dkk. 2000. *Masalah Narkotika dan Obat berbahaya*, Bina Dharma Pemuda Printing.

Evers, Han-Dieter, 1989. *Teori Masyarakat: Proses Peradaban dalam Sistem Dunia*, penyunting Selo Soemardjan, Jakarta, Yayasan Obor.

Hawari, Dadang. 1999. Al-Qur'an; Ilmu Kedokteran Jlwa dan Kesehatan Jiwa. Yogyakarta: Dana Bhakti Yasa.

Horald Kaplan, Benjamin J. Sadok, Jack A. Grebb. 2010. *Sinopsis Psikiatri; Ilmu Pengetahuan Perilaku Psikiatri Klinis Jilid I*, Bina Rupa Aksara.

Kleden, Ignas 2001. Menulis Politik: Indonesia Sebagai Utopia, Penerbit buku Kompas Jakarta.

Sryder Gail. 2007. Gallup Youth Survey; Isu dan Tren Pemuda & Alkohol. Penerbit Pakar Raya.

Sayogyo, Pudjiwati, 1985. Sosiologi Pembangunan, Jakarta, Fak. Pascasarjana IKIP bekerjasama dengan BKKBN.

Siswanto S.Psi., MSi. 2007. *Kesehatan Mental; Konsep, Cakupan dan Perkembangannya*, Penerbit Andi. Jogyakarta.